

11 June 2005

First antibiotic eye drop POM to P switch

With the launch of *Optrex Infected Eyes Eye Drops*, from the No1¹ eye care brand, chloramphenicol eye drops 0.5% w/v will be available through pharmacies without prescription.



- For the treatment of acute bacterial conjunctivitis
- Accredited training guides to be sent to pharmacies from w/c 13th June
- Product availability expected w/c 27th June

¹- Source: AC Nielsen (volume & value) MAT sales data to 14th May 2005.

**Concerns raised
as new oxygen
contracts start**

**Chloramphenicol
eye drops given
OTC licence**

**NPA rebranding
plans shape up
ahead of AGM**

**Men's health in
the pharmacy: a
weighty matter**





Enterprise
The Force Behind Pharmacy

Following on from the success of last years shows, Enterprise will again be touring Britain to enable you to see the products available in this years Christmas Catalogue.

The Belfast show has already been a huge success this year, with a record attendance.

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This year, as ever, we feel we have put together what is a wide and varied range of gifts for sale at Christmas.

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Christmas Road Show Venues 2005

DATE	TIME	VENUE
Monday 27th June	5pm to 9pm	Ramside Hotel, Durham
Tuesday 28th June	5pm to 9pm	Norton House Hotel, Edinburgh
Wednesday 29th June	1pm to 9pm	Moat House Hotel, Glasgow
Tuesday 5th July	1pm to 9pm	Village Hotel, Cardiff
Wednesday 6th July	1pm to 9pm	Village Hotel, Dudley
Thursday 7th July	5pm to 9pm	Village Hotel, Bury
Monday 11th July	5pm to 9pm	Botleigh Grange Hotel, Botley, Southampton
Tuesday 12th July	1pm to 9pm	Hilton International Hotel, Croydon
Thursday 14th July	1pm to 9pm	Moat House Hotel, Elstree

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TENA Lady Mini	277-8215	10 x 20 (200)
TENA Lady Mini Plus	280-6859	10 x 16 (160)
TENA Lady Normal	259-4448	6 x 12 (72)
TENA Lady Extra	259-4455	6 x 10 (60)
TENA Lady Extra Plus	304-1639	6 x 8 (48)

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Excellent absorption – only needs changing occasionally

ODOUR CONTROL™
prevents unpleasant smells



C&D1106

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† Based on the number of requests for samples means

are necessary to limit them to two per pharmacy each year

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CMP

Quality Business Media



DoH awards oxygen contracts

by Asha Fowells

Four companies have been awarded contracts to provide home oxygen services across England by the end of the year.

Following a competitive tendering process, the contracts have gone to Air Products, Allied Oxycare/Medigas, British Oxygen Company and Linde to provide "a modernised service" on a regional basis, said the Department of Health (*see panel*).

It added that patients would benefit from "round the clock access to expert advice and support", as well as more modern equipment, including portable cylinders, liquid oxygen and more efficient concentrators.

However, pharmacy bodies say they have reservations about the new arrangements. PSNC chief executive Sue Sharpe welcomed the introduction of more technically advanced equipment, but said: "We have expressed forcefully our view that the service will become far less easy

and convenient for patients to use than the present arrangements." The advantages of the current pharmacy-based system had been ignored by the DoH, she added.

The National Pharmaceutical Association expressed concern over the achievability of a "round the clock service", and said patients would lose the "one stop" service they currently enjoy for oxygen and medication through pharmacies.

Pharmacy practice director Collette McCreedy called for clarification on where responsibilities would lie during

the transition stage, and sought reassurance that neither patients nor pharmacists would be compromised during the process.

A DoH spokeswoman said more details would be available in the coming weeks, with the aim of implementing the new service by the end of 2005. She added that the department "will plan and facilitate introduction of the new services working with PCTs, NHS trusts, GP practices, pharmacy contractors, other healthcare professionals, new service providers and those representing patients and carers".

Service providers and locations

The companies and the regions which will be providing integrated home oxygen services are:

- Air Products – South West; London North; East Midlands; West Midlands; North West; Yorkshire and Humberside.

- Allied Oxycare/Medigas – South East London; Kent, Surrey and Sussex; South West London; Thames Valley; Hampshire and Isle of Wight.
- British Oxygen Company – Eastern England
- Linde – North East.

NPA

NPA to ditch 'old-fashioned' image

The National Pharmaceutical Association is planning a new name and logo.

The word "pharmaceutical" is to go. Market research found it was more associated with drug companies and the industry, rather than the NPA's role in representing the interests of community pharmacists and pharmacy owners.

The carboy logo was considered old-fashioned and consumers tended not to know what it was, while the terracotta house style was found lacking in impact.

The NPA is not disclosing details of the new corporate identity until after the board has ratified the proposals on June 28 and it would then need to be approved at the NPA's annual general meeting.

The design agency MOBAS and market researchers EMPATHY made recommendations to the board's May meeting.

The board decided last year to undertake a comprehensive review of the NPA's corporate identity as part of its five-year strategic plan.

Fitness to practise is at the top of RPSGB's business strategy

Improving policy and processes relating to members' fitness to practise and education are among the key aims for the Royal Pharmaceutical Society over the next four years.

The pledge comes in the RPSGB's 2005 Business Plan, which outlines three strategic aims until 2008. These are:

- to deliver an integrated system of fitness to practise, quality improvement and education in pharmacy
- to develop the RPSGB's role as

a voice on scientific and practice-related issues that affect patients, members of the public and pharmacists

- to implement the previously-agreed financial strategy to ensure the financial stability of the Society.

The RPSGB is to review the *Code of Ethics*, with the aim of completing the regulatory overhaul by 2006.

For more information:

<http://www.rpsgb.org/pdfs/coun0505-C-42.pdf>

C&D Practice Medal winner

Dr Roy Dean Franklin, director of the Academic Pharmacy Unit in London, is the winner of the 2005 C&D Practice Award Medal, awarded by C&D.

Dr Franklin will be presented with the medal at this

year's British Pharmaceutical Conference in September.

The professor will give the award lecture on the subject 'Medication errors – developing methodologies and evaluating solutions' at the conference.

RPSGB

New Council chamber could cost the Society £600K

Accommodating the new RPSGB Council could cost the Society up to £600,000, an independent architect has said.

Speaking at the May Council meeting, Jon Greenfield, a long-standing architectural advisor to the Society, outlined two possible new models for accommodating the new 36-member Council. At an estimated £300,000 the first, cheaper option, would involve remodelling the existing Council chamber, including taking down some existing walls, but retaining a central pillar. The second, which could cost £600,000, involves remodelling the large conference hall, which is located beneath the main reception area. The proposed new model would still allow the room to retain its existing function as a conference hall, however.

Accepting Mr Greenfield's proposals for consideration by



Changing rooms: the old Council chamber's to get a facelift

Council, RPSGB director of finance and resources Bernard Kelly pointed out that the new Council could comprise 11 more people than it does now. He said: "This building is now 30 years old. Its suitability for modern purposes is limited. The new Council will not be able to accommodate itself in the existing Council chamber within the existing structure." The matter was being discussed again at this week's Council meeting.

AC

NCSOs

The Department of Health and the National Assembly for Wales have agreed to allow no cheaper stock obtainable (NCSO) endorsements for the following items for June prescriptions: metronidazole 200mg per 5ml oral suspension.

UniChem award

UniChem has launched its 2005 Community Pharmacy Technician Award. It is open to technicians holding S.NVO level 2 pharmacy services or equivalent, who are working in community pharmacy. The prize is one year's membership to the Association of Pharmacy Technicians UK, paid expenses and attendance at the APTUK annual conference and £250.

For more information contact UniChem on 0208 974 4040. The closing date is July 29.

Cegedim hits 2,100

Pharmacy systems supplier Cegedim UK has installed 2,100 Pharmacy Manager systems in the UK, giving the company a 20 per cent stake in the total UK pharmacy dispensary management market.

Welsh form change

Welsh pharmacists must now present patient refund claims on a WP57 form. From June 1, Welsh pharmacists submitting an FP57, the English version of the form, will not be reimbursed.

Sharps disposal

Patients wishing to dispose of their Sharpsbin should be advised to contact their local authority to arrange collection separately from the normal household refuse. Pharmacists are not authorised to accept returned sharps other than in a needle exchange scheme, PSNC has said.

AU Farma stake

Portugal's national association of pharmacies, ANF, has bought a 49 per cent stake in Alliance UniChem's Portuguese wholesale business, AU Farma, for €49 million. Independent healthcare investment company Jose de Mello Participacoes 11 SGPS SA has acquired a further 2 per cent for €2 million.



Minister of Health, Kenneth, with David Davies (left) and Sir David Evans (right) at the launch of the 2005 Community Pharmacy Technician Award. The award is open to technicians holding S.NVO level 2 pharmacy services or equivalent, who are working in community pharmacy. The prize is one year's membership to the Association of Pharmacy Technicians UK, paid expenses and attendance at the APTUK annual conference and £250.

PRACTICE

Green light for OTC chloramphenicol eye drops

by Asha Fowells

Permission to sell chloramphenicol eye drops through pharmacies has been granted by the Medicines and Healthcare products Regulatory Agency.

The drug's safety and efficacy at treating bacterial conjunctivitis is well established, and the potential health benefits outweigh any risk to patient safety or bacterial resistance, commented MHRA chief executive Professor Kent Woods.

The MHRA added that its approval followed a public consultation exercise and was in line with the Government's commitment to promote patient convenience and self-care.

Professor Gordon Duff, chairman of the Committee on Safety of Medicines, highlighted the public health gains that would result from the switch, saying:

"Allowing patients quick access to this treatment will help to speed their recovery, lower the risk of spreading infections, of infection returning or of further complications developing."

The three drug companies that applied for the POM to P switch for the antibiotic eye drops – GalPharm International, Boots The Chemists and Crookes Healthcare – will distribute training materials for pharmacists and pharmacy assistants ahead of their respective product launches.

GalPharm research and development director Richard Eggleston said that the three companies had worked together to produce the training after the MHRA insisted on a harmonised approach to avoid confusion; all three packages will contain the same information.

Mr Eggleston added that the GalPharm product was likely to be available by mid-September,

though the training packages would be sent to all customers over the next two weeks. Caroline Parker, BTC regulatory project manager, said Boots was hoping to start stocking own-brand chloramphenicol eye drops by mid-July, two to three weeks after the Crookes' Optrex product is expected to be launched (*see p.36*).

To tie in with the MHRA's decision, the Royal Pharmaceutical Society issued practice guidance on pharmacy sales of chloramphenicol eye drops this week.

The Society's guidance outlines the product's OTC indications, referral criteria, counselling points, storage instructions, cautions, interactions, contraindications, adverse effects and background information on the drug's mode of action.

For more information:
www.rpsgb.org/practice

Newsdesk

01732 377688



UniChem plans IT expansion

by Max Gosney

Pharmaceutical wholesaler UniChem is set to launch the Enigma Health Nexphase pharmacy management IT system into pharmacies this summer.

The ETP-ready Nexphase system is currently undergoing final performance tests in NHS "sandpit" sites, according to UniChem. The system, which will cost from approximately £2,500, will be available upon

finalisation of the NHS IT agenda due in July 2005.

Anthony Roberts, IT director at UniChem, said: "We are working very closely with Enigma to ensure that Nexphase will be fully accredited for our customers when it is required."

UniChem also backed the PSNC warning that contractors should wait for Government guidance on the compliance of pharmacy computer systems with the NHS before committing to

technology, (*C&D*, June 4, p12).

Mr Roberts added: "There's no need for pharmacists to rush into a new IT system, which they may regret implementing later."

● The Government has eased fears that the dismissal of a key supplier responsible for installing NHS IT in the South of England would cause delayed roll out of ETP in the region.

Fujitsu's decision to dismiss American software supplier IDX

will fail to slow the introduction of new pharmaceutical systems, said an NHS Connecting for Health spokesman. "The change of supplier in the southern cluster will not delay the roll out of ETP. Indeed, the new arrangements will allow Fujitsu to concentrate solely on the region rather than on a common solution with London."

Fujitsu has hired software company Cerner to introduce the new system.

RPSiS AGM sees no changes at the top

Angela Timoney and Rose-Marie Parr have been re-elected chair and vice-chair respectively of the Royal Pharmaceutical Society in Scotland.

At this week's RPSiS annual general meeting, Ms Timoney spoke about the importance of Scottish pharmacists becoming more autonomous, though she stressed that this must be achieved within a GB-wide framework. In addition, she highlighted the opportunities offered by supplementary prescribing and confirmed the RPSiS was consulting on independent prescribing.

SMP Roseanna Cunningham, also attending the AGM, told pharmacist to be proactive when dealing with the Scottish Parliament. The profession should watch parliamentary activities closely to ensure pharmacy's voice was heard, she told meeting attendees.



Angela Timoney (left) with SMP Roseanna Cunningham

CONTRACT

Nucare offers new contract aid

Pharmacy symbol group Nucare has launched six educational roadshows to assist independent pharmacies with the new contract.

The Nucare Pharmacy Development Programme features practical tips on boosting the quality and variety of clinical services, according to the company. Trained pharmacists will offer guidance on improving staff productivity and solving business problems.

Nucare member pharmacists

can enrol on the course for £300 + VAT per person. The cost includes four workshops, toolkits and post-workshop action plans.

Locations include Manchester, Croydon, Bristol, Northampton, Walsall and Elstree and the sessions will be held between June and November.

Attendees can claim up to seven hours of CPD accreditation per workshop with up to 28 hours available for completion of the programme.

MEDICINES

Generics (UK) recalls moxonidine

The medicines licensing body MHRA has issued a recall for several batches of moxonidine tablets issued in the Generics (UK) Ltd livery, but with Solvay Healthcare Ltd as the market authorisation holder. All the affected packs contain 28 tablets.

The affected strengths and batch numbers in the class 3 recall

are: moxonidine 200mcg tablets: 26012, 26501, 25702, 26963; moxonidine 300mcg tablets: 27071, 25697, 26021, 26241, 26491, 27608; moxonidine 400mcg tablets: 26498, 27063, 25688, 26009. All have been distributed since September 2004.

Call Generics (UK) on 01707 853100 for more details.

Lloydspharmacy launches contract initiative

Lloydspharmacy has launched an initiative to help pharmacists implement the new pharmacy contract in England and Wales.

The initiative centres on a toolkit that covers the contract's three service tiers. However, to ensure pharmacists understand all aspects of both the toolkit and the contract, 48 workshops are taking place over the next month.

Facilitated by specially-trained Lloydspharmacy pharmacists, the workshops include breakout sessions and will be attended by representatives of the entire pharmacist

manager population in England and Wales.

Lloydspharmacy training and development director Steve Howard explained that the toolkit goes through every aspect of the contract, covering what contractors would have done in the past, how it has changed and what staff will need to do differently, and how to complete the necessary forms and documentation.

The exercise will become part of the company training programme, though each element



Steve Howard: the toolkit aims to explain and simplify all aspects of the new contract

will be subject to evaluation and review, Mr Howard added. **AF**

Questiontime

This week's question:

Is there a need for guidance for pharmacists on non-professional relationships with patients?

- Yes – should be in the code of ethics
- No – should be dealt with by the Statutory Committee
- No – should be covered by existing laws

You have until noon on June 14 to vote at www.dotpharmacy.com. We will publish the results in *C&D* on June 18.

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- ⊙ For a painless answer to warts and verrucas
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- ⊙ Nothing you can buy is more effective



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Source: IRI Infoscan, all outlets, Apr '05 MAT unit market share.

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Second settlement in generics price-fixing case

A second company is believed to be on the verge of settling claims that it acted in an anti-competitive manner in connection with supply to the NHS of generic drugs between 1996 and 2000.

The first company to settle, Ranbaxy UK, paid the Department of Health £4.5 million in April on a full and final basis and without admission of liability (*C&D*, April 9, p10). In a statement, Ranbaxy said: "We didn't want to be locked in a protracted legal battle with

one of our largest customers."

The case involves three separate sets of proceedings issued between 2002 and 2004 against eight generics manufacturers, including Kent Pharmaceuticals, Goldshield and Generics UK, which is part of Merck KGaA.

The report, carried in *The Daily Telegraph*, stated that another company is expected to settle soon for a greater sum.

In April, Jim Gee, director of the DoH's counter fraud services, revealed that the DoH's

investigations team had been approached by a leading shareholder of one of the remaining defendant companies expressing concern regarding the loss of shareholder value and uncertainty caused by the proceedings.

At that time, Barclays stockbrokers said that shares in Goldshield and Merck KGaA had risen since the filings against them. Furthermore, Kent Pharmaceuticals is a private company.

AC

LEGISLATION

Superdrug petition calls for VAT-free condoms



Superdrug has accused the Government of "ripping-off" the public by refusing to remove VAT on condoms.

The company has joined sexual health charities in calling for the Government to drop VAT on condoms after the Independent Advisory Group on Sexual Health and HIV said the price of condoms was "high and prohibitively expensive for many people".

Condoms are listed as luxury items. The 17.5 per cent tax generates £7 million a year for the Treasury.

Superdrug has written to health secretary Patricia Hewitt calling for contraception to be classified as a health, rather than luxury, item and is encouraging customers to sign its 'Sex Tax' petition, which calls for the tax to be scrapped. The chain has dropped VAT on its own-label condoms.

Liz Love, category general manager for healthcare at Superdrug, said: "Britain has the highest incidence of teenage pregnancies in Europe while items like caviar are classed 'essential' and are therefore VAT free."

Rebecca Findlay of the fpa, formerly the Family Planning Association, said: "The price of condoms prevents younger people buying them, but they also need to be made more accessible by encouraging GPs and other services to supply them free."

The Department of Health said it was responding to the recommendations made by the advisory group. "We are planning to revisit the topic with the Treasury shortly," a spokeswoman said. The Treasury said it was actively engaged with the DoH's policy but would not be making any tax decisions regarding the tax on condoms this year.

AG

Viagra faker pleads guilty

A man has appeared in Crown Court charged with selling counterfeit Viagra.

Mohammed Bhatti, 41, of Lodden Bridge Road, Reading, appeared at Isleworth Crown Court on June 3 for a plea and directions hearing. He entered a plea of guilty on two counts; one under the *Trade Marks Act 1994* and one under the *Medicines Act 1968*. He is due to be sentenced at Isleworth on June 24.

Mr Bhatti was charged on February 10 after a joint investigation by the Medicines and Healthcare products Regulatory Agency and the police.

The case follows the appearance of counterfeit Cialis and Reductil in the UK pharmaceutical supply chain in August, 2004 – the first incidence of counterfeit medicine reaching the UK supply chain for 10 years.

In May the MHRA said that it was expecting a case to reach court before the end of the summer.

MEDICINES

Simvastatin reclassification responses wider than reported

The MHRA has found broader opposition to the reclassification of cholesterol-lowering drug simvastatin 10mg from a prescription-only drug to over the counter status than was initially reported in May 2004.

The Committee on Safety of Medicines (CSM) received 100 responses expressing a wide variety of views on the proposed reclassification.

A third of respondents were in favour, a third were opposed and a third were not opposed but expressed concerns about the proposals.

Originally the CSM said two-thirds were in favour of the proposals and blamed an "administrative error" on the misrepresentation of the responses. Ken Woods, chief executive of the MHRA, said the agency would review its procedures.

According to the revised figures, key pharmaceutical

bodies, such as the RPSGB, PSNC and PSNI, were in favour of the switch.

Other pharmacy professional bodies, some of the Royal Colleges, some clinicians and patient groups such as the British Heart Foundation and Moss Pharmacy were supportive in principle of simvastatin being available as a pharmacy medicine, but raised issues over the proposals as presented.

Several Royal Colleges, NIS Trusts, the BMA and the Paediatric Chief Pharmacists Group were against the proposals.

A spokesman from McNeil, the manufacturer of the Zocor Heart-Pro brand, which became available over the counter in July 2004, said the report "does not affect the appropriateness of simvastatin as a pharmacy medicine or the value of this new weapon in the fight against the UK's number one cause of premature deaths."

JE

Sun exposé alleges prescription drugs were sold

Three London pharmacists have been dubbed "over the counter crooks" by *The Sun* newspaper. The paper alleges that they sold prescription drugs to a reporter posing as a medical immigrant in a bogus consulting operation.

The paper, published in last week's edition, alleged that the three pharmacists had

pharmacies sold drugs including temazepam and diazepam without a doctor's prescription, in quantities as large as a month's supply for over £100.

Two further pharmacists were also approached by the reporter but refused to supply any drugs.

None of the pharmacists were prepared to comment

on the paper's accusations.

However, David Preece, RPSGB director of practice and quality improvement, said: "We are concerned about *The Sun*'s findings and would ask the paper to share any evidence. We would want to investigate any supply which falls outside the restrictions [of emergency supply]."



Don't see red

Red eyes don't just look bad, they can feel bad.

Causes include grit and irritants from gardening or DIY, dust, wind, chlorine, pollution or even smoke from bonfires and cigarettes.

The result: Sore, scratchy, irritated eyes which show it and feel it.



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Pharmacists to expect tougher regulation

by Anna Goldie

Pharmacists can expect random pharmacy inspections and annual formal clinical governance reviews by primary care organisations under new guidance from the RPSGB.

Following the Government's response to the fourth report of the Shipman Inquiry, the RPSGB has published a guide to changes pharmacists can expect in the wake of the inquiry.

Dame Janet Smith, chairwoman of the inquiry, said the most important recommendation from the report was the creation of a

Controlled Drugs inspectorate to replace "the fragmented provision for inspection and monitoring that exists at present".

The proposed regulatory changes, due to happen early next year, would also see suppliers and prescribers keeping all signed orders, requisitions and invoices for seven years, a standard operating procedure for CD stock held in premises, and standardised forms used for all requisitions. An audit of fitness to practise decisions made at RPSGB would also be put in place.

The guidance also includes:

- Prescriptions and requisitions

for CDs produced electronically.

- Requisitions and private prescriptions for CDs being sent to the relevant Prescription Pricing Authority in England, Wales or Scotland.

- The patient's NHS number included on all prescriptions.

- CD prescriptions will now be valid for 28 to 30 days rather than 13 weeks.

The RPSGB said the guidelines aim to provide an overview for pharmacists: "The Society, together with other pharmacy bodies and the Department of Health, will be issuing further guidance around various aspects."

MULTIPLES

Hostages held while gang snatches cash from Boots

Two terrified Boots workers were forced to hand over £118,000 in cash while a gang member held their families hostage.

The robbery took place at the Donegall Place branch of the chemist in Belfast City centre. The two workers were made to remove money from the pharmacy and hand it over to a lone man before the store opened to Saturday shoppers.

Their families had been kept hostage in the west and south areas of Belfast for two and a half hours before they were freed.

A week after the heist the police are making fresh appeals for information about the incident.

Up to 10 people were thought to be involved in the robbery, which has been linked to the IRA which was suspected of carrying out the £26.5 million bank raid on the Northern Banks HQ in December.

Boots declined to comment on the robbery but is expected to carry out a major security review at the store.

AG

Information encourages compliance

Pharmacists can significantly improve patients' compliance with their medication by supplying clear written information about their medicines.

In a six-month trial, pharmacy chain Superdrug found that patient compliance 'persistently' increased in certain therapy areas by up to 13 per cent in one month by giving patients information on their medication.

David Clark, Superdrug's head of pharmacy, said the study demonstrated the impact pharmacists can make on the way patients took their medication.



Junior dance troupe Yael Gynedd Santes Tudful were crowned bronze winners at an RPSGB sponsored dance competition in Cardiff. The under 12s had 40 competitors from 30,000 teams in the contest, which aims to boost physical activity among children, according to the RPSGB. Cath O'Brien, secretary to the Welsh Executive of the RPSGB, praised the youngsters for a "spectacular performance". The final at Cardiff Bay was the culmination of Welsh youth culture festival Uddel Eisteddfod.

MULTIPLES

Healthcare gains higher profile

Restructuring at Boots will see Alex Gourlay, formerly acting retail director, appointed to a new role of healthcare and store development director.

Mr Gourlay will take overall responsibility for the company's healthcare strategy, Healthcare First, and store development programme.

Pharmacy superintendent Pradip Patel and commercial division head Steve Hill, will both report to Mr Gourlay.

A Boots' spokesman said the move reflected the higher profile of the healthcare division.

The top level reshuffle comes less than one month after Boots announced an 11.8 per cent slump in year-end profits (*C&D, May 28, p8*) and sees the departure, by mutual agreement, of chief commercial officer, David Kneale. His role will now be split into healthcare and store development, headed by Mr Gourlay, and Ian Filby, formerly the commercial director, lifestyle, who becomes beauty and lifestyle director, leading the 'Boots for Value' and 'Only at Boots' programmes.

Alex and Ian will start their new roles on July 1.

CONTRACT

NPA calls for regulation of developments

The National Pharmaceutical Association has warned that unless out-of-town retail developments are properly regulated and controlled, they could have a detrimental effect on the viability of community pharmacies in town centres.

NPA highlights the dual role that community pharmacies play in supporting local businesses and providing an essential and valued healthcare resource in its response to a consultation document from the Office of the Deputy Prime Minister (*C&D, June 4, p6*).

The NPA agrees that the addition of internal mezzanines and other expansion of floorspace should be brought under regulatory planning control. It would like any decisions on developments to be taken on an individual basis so that the potential impact on the community pharmacy network can be assessed.

Keyring offer

Weldricks branches are offering free health alert keyrings to all patients with diabetes.

The company hopes patients will hang the keyrings on a belt or handbag to ensure correct treatment being quickly administered if the patient loses consciousness or has convulsions as a result of hypoglycaemia.

From June 12-16, the offer is open to all patients presenting their Diabetes Association membership card, or on a pharmacist's recommendation.

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Nothing beats Canesten Hydrocortisone for treating sweat rash (Candidal Intertrigo). In fact, it's the UK's top selling OTC antifungal and hydrocortisone combination treatment.¹ The triple action formula provides rapid relief not just for active people, but also the overweight and those who sweat heavily. Antifungal and antibacterial* ingredients wipe out the cause, while anti-inflammatory hydrocortisone soothes the symptoms. So recommend the name you trust, and stop the misery of sweat rash.

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Canesten Hydrocortisone cream contains 1% w/w clotrimazole and 1% w/w hydrocortisone.

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Contra-indications: Use on face, eyes, mouth or mucous membranes, broken or large areas of skin, cold sores or acne, for treatment periods longer than seven days, hypersensitivity to ingredients. Only if prescribed by doctor: children under 10 years; pregnancy and lactation; on ano-genital area, to treat ringworm or secondarily infected skin conditions. For hydrocortisone component: any untreated bacterial skin diseases, chicken pox, vaccination reactions, perioral dermatitis, viral skin diseases.



*Exhibits activity against the following: Staphylococcus and Streptococcus

(e.g. herpes simplex, nocardia, leishmania). **Warnings and Precautions:** Using cream on extensive areas of skin may cause dizziness. Avoid covering treated areas with tight clothing.

Side-effects: Rarely local mild burning or itching immediately after use. Hypersensitivity reactions are rare. After use on large areas and/or after long-term use or use under occlusive dressings, skin irritation, telangiectasis, hypertrichosis, atrophy and acneiform symptoms may occur.

MA Holder: Bayer plc, Chesham, Bucks, UK. **Product Licence Number:** PL 0010 0216. **Legal Category:** P. **Date of Preparation:** August 2003.

Reference: 1. Health Statistics, 19 Mar 2004, Bayer UK.

Canesten®

can

Regulator calls for patient contact guidelines

by Anna Goldie

The Government's over-arching health regulator has called for detailed guidance on inappropriate patient contact after research showed wide differences between medical practitioners.

The Council for Healthcare Regulatory Excellence and The Prevention of Professional Abuse Network have decided to look into either individual or cross-regulatory guidance regarding sexual boundary violations and have recommended research into

education and training modules at both pre-registration and CPD levels.

The council made the recommendations after a study of nine health regulatory bodies including the RPSGB, PSNI, Health Professionals Council and General Medical Council. The study found "very little specific and detailed guidance concerning professional boundaries".

CHRE is also recommending guidance for professional conduct panels on the nature and effects of sexual abuse by health

professionals, as well as a standard leaflets for patients to raise their awareness of professional boundaries.

The study looked at areas of professional boundaries such as sexual relations, disrobing and domiciliary visits as well as the giving of gifts, chaperones and special treatment. It found that the RSPGB had not issued specific guidelines on 11 of the 12 areas looked at, while the Pharmaceutical Society of Northern Ireland had not issued guidance on any of the topics.

DDA voices prescribing concerns

The Doctors' Dispensing Association (DDA) is concerned that proposals to introduce independent prescribing by pharmacists highlight all the benefits without mentioning any of the problems.

DDA chief executive Dr David Baker said the main issues with the consultation on proposals to introduce independent prescribing by pharmacists lie in diagnosis, legal liability and patient records.

He does not believe that pharmacists have the training, facilities or experience to provide the same quality of diagnosis as doctors; there must be a clearly defined chain of responsibility in case things go wrong; and without a common patient record, independent prescribing by pharmacists or any other group has potentially dangerous consequences for patients.

"Until these issues are resolved, we feel there should be no extension of independent prescribing," said Dr Baker.

While Dr Malcolm Ward, chairman of the DDA, felt that limited pharmacist prescribing for minor illnesses was acceptable, board member Dr Richard West said if other professionals were going to prescribe they first needed an extensive training programme.

JE

For more information:

www.dispensingdoctor.org
www.dh.gov.uk

Support for full independent prescribing for nurses

Two pharmacy organisations believe nurses should be able to prescribe independently for any medical condition from a full formulary – providing they work within their competence.

In particular, the National Pharmaceutical Association and Company Chemists' Association see benefits in nurses being able to prescribe Controlled Drugs for pain relief, especially in palliative care where undue delay could increase patient suffering.

The NPA has concerns about

the legal and liability issues involved and envisages that nurses will normally only prescribe within their chosen clinical area. They will need robust training in medication review and should show competency in this and their own particular clinical field before being able to prescribe.

Community pharmacists should not be expected to monitor or check the eligibility of an independent nurse prescriber when presented with a prescription, as this will cause

the patient unnecessary delay.

The CCA says it is important that all non-medical prescribers are supported on an ongoing basis, and would like multi-professional peer review and joint CPD set up under a national framework.

The two bodies made these points in response to the Department of Health's *MLX320 Consultation* on the options for the future of independent prescribing by extended formulary nurse prescribers.

AdM

Care concerns for drug misusers after leaving prison

Prisoners who are being treated for drug misuse often find it difficult to gain access to community-based services after their release, the professional body for pharmacy has warned.

This puts them at "particular risk of relapsing into illicit drug use", said Sadia Khan, the Royal Pharmaceutical Society's practice pharmacist lead for self-care, at a prison health consultation on the clinical management of drug dependence in prisons.

There is no clear tie-up between the information and care offered in prisons and in the community, says the Society.

Drug continuity across the prison and community would reduce the risk of individuals being

discharged without appropriate medication.

It is also important to provide treatment during home leave. The consultation proposes that a community pharmacist should be allocated to provide an interim dispensing service when a prisoner is released on a Friday. However, the Society says this could be difficult because of patient identification and payment for dispensing and supervision. The alternative of providing a maximum of three days' supply on release "carries a high risk of overdose or diversion".

For methadone maintenance, the consultation proposes a maximum of 40mg a day, which



the Society believes is "unnecessarily conservative and will be inadequate to treat effectively many opiate misusers".

Rather than reducing the risk of overdose it could subject the patient to a greater risk of illicit drug use in prison.

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Our poll for
pharmacists this
week was:

**When should
management
skills for
pharmacists
be taught?**

**"During the pre-reg
year, because they
have a manager
with them then
to learn from"**

Angela O'Hare,
Mansfield

**"There should
be a module
on management
skills towards
the end of the
undergraduate
course"**

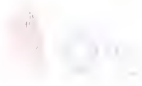
Sue Cherhabil,
Manchester

Our online poll at
www.dotpharmacy.com
said...

 **40%**
Undergraduate course

 **27%**
Pre-registration year

 **33%**
Once registered

 **10%**
No formal training needed

Comment

from the Editor

Changes to the home oxygen services in England are not being met with full approval. Above all is the concern that patients could suffer – either during the transition phase, or on a long term basis – simply because community pharmacy will no longer have a significant role. Other than having to deal with emergencies, that is.

Although the Government has announced the names of the four companies which have successfully tendered to provide the new services (and surely operating on a regional basis will now introduce postcode prescribing for oxygen?), it has not been forthcoming on the details.

The Department of Health sees plenty of advantages to the new arrangements, with new technology and better equipment being available. But we are not so sure. We think that despite these 'pluses' it will be the patient that loses out.

Presumably the oxygen is being supplied not to blow up balloons, but for the management of some patients with acute

conditions and many with chronic illnesses. The added value of the pharmacist supplying the oxygen meant that the patient's concomitant medication and general wellbeing could be regularly assessed by a health professional. Direct to door oxygen services will allow supply of one aspect of a patient's therapy, but this fragmented approach could diminish the quality of overall care.

The lack of continuity of care could cause problems sooner, rather than later. Should the summer turn particularly hot, or winter be particularly harsh (and don't forget bird flu), the new oxygen service will be tested to the extreme. Who will be there to pick up the pieces? Grateful pharmacists? We'll see.

The sooner the fine details are sorted out, then, the better.

**Will this
introduce postcode
prescribing for
oxygen?**

Your views

E-mail your views to [chemdrug @ cmpinformation.com](mailto:chemdrug@cmpinformation.com)

Hemant Patel on being elected RPSGB president

A new era has begun

In this new era for pharmacy, where developments in regulation, education, practice and science will pose greater challenges than ever before, we should aim to lead the profession to a more prominent clinical role in the sale, supply, prescribing and manufacture of medicines, and healthcare in general.

Increasingly, public health will play an important role in all aspects of pharmacy and we will have to consider how to respond to these new responsibilities.

However, many pharmacists are saying that these are the worst times pharmacy has ever faced. Their assessment is based on the practical problems of change that

our profession, like all others, is facing. People are commenting on the symptoms rather than the cause; the real problems are those of the mind and the spirit.

My work as an LPC secretary and community pharmacist confirms the view that many pharmacists are simply confused, overwhelmed and dispirited. This leads to uncertainty and lack of sound decision making and sound action. Reading the letters to the pharmaceutical press, it seems that pharmacists from all sectors feel unsupported and many feel unappreciated at a time of rapid change. Many feel isolated and are working without meaning or resonance.

But what have they been told up to now? They have been told that they have to be strong, make sacrifices, get on with it and do what the Government wants them to do, otherwise the bogey man will get them.

I do not believe in the bogey man and neither should the profession. What I do believe is that this is a time for critical self-examination and the time to decide both collectively and individually where we are and where we are heading.

Although some challenges will arise and the problems are real, I believe the profession is heading for greatness and this is a time of opportunity.

A local service for local people

TOPICAL REFLECTIONS

Don't mention dispensing errors



There are not many taboo subjects in a community pharmacy but dispensing errors are a fact of life that people don't like to talk about.

There are few things as dread inducing and stomach churning as the initial discovery of a dispensing error. And the feeling of relief is wonderful when you realise the situation has been safely resolved.

But I suspect that few would admit to that lesser relief on discovering that the error, whatever the outcome, was made by someone else. Or that feeling of being let off the hook when a patient is understanding about one of your own errors. The closing of ranks as I smooth over others' mistakes, hoping that they would do the same for me, makes me feel secure.

So I'm not surprised that the Community Pharmacy Practice Research Consortium report on dispensing errors (*C&D*, June 4, p7) found a blame culture is impeding reporting. It has taken a long time to convince my dispensing staff that recording errors is beneficial and does not result in blame (partly because it took me so long to restrain from pointing the finger). But, despite signing up to our SOPs, locums still find any excuse to not record their errors. A lack of time, the minor nature of an incident or its quick resolution are poor excuses for not recording incidents. And selfish ones at that – error reporting is ultimately for the benefit of everyone so we might learn from the experience. Accurate records would also help lessen the impact of any future litigation.

But this blame culture is deeply ingrained. We all said: "It wasn't me" or "It was his/her fault" many times during our childhood. Our good behaviour was encouraged with the accumulation of gold stars on a wall chart. Everyone wants to get 10 out of 10 or an A star. No one wants black marks by their name. We have all worked hard on this in my pharmacy, although it may take a little longer before the locums truly feel safe. But I still feel proud that our chart shows that I have committed fewer errors than anyone else.

Nurofen confuses mothers and pharmacists

Nurofen for Children sachets are a useful presentation of an effective medicine, but their dosage schedule has confused me and my patients. A customer who had previously used the Numark own-brand of ibuprofen liquid but had just purchased some Nurofen sachets for convenience was astute enough to notice their different dosages.

The woman was unsure how much Nurofen to give her 18 month old baby and was questioning whether she had been giving him the correct dose of the own-brand liquid. The Numark brand suggests that children aged one to two should have 2.5ml three to four times daily but the Nurofen dose is twice that, at 5ml three times daily for one to three-year-olds. I was completely stumped as to how to explain this significant discrepancy other than to talk generally about product licensing.

A quick scan of the shelves revealed that ibuprofen products for children have one of two dosage schedules. The *BNF* quotes the same doses as Calprofen, Cuprofen and the Numark brand. Whatever the vagaries of product licensing, this discrepancy could be dangerous. I can't understand why a two-fold difference in dose for any drug for children should be within recommended limits.

The vast range of paracetamol products all seem to share the same dosage schedule and I'm not aware of any other OTC products containing the same drug that recommend such different dosages. But as this was the first customer to point out the discrepancy I wonder how many patients read the instructions anyway, whatever they are. I'm sure the OTC industry would prefer patients stuck to the same brand to avoid potential confusion.

Received wisdom for the last few years has been that it is necessary to concentrate NHS resources in fewer, more specialised units.

The necessity for medical staff to be regularly carrying out surgical procedures to ensure their skills are honed to perfection means that centres of excellence are required for most things. It is unfortunate that the result is usually more travelling for patients and relatives but, hey, that's the price of progress. Many patients and patient groups have been up in arms, and many communities have formed action groups to fight for services and against closures. One MSP was elected on a "save the local hospital" ticket.

However, the direction of travel may be about to be reversed, at least in part. The recent report by Professor David Kerr (*C&D*, June 4, p10) put the cat among the pigeons. He has produced a document which argues that

Many patients and patient groups have been up in arms

concentration of resources should only take place for very specialist work. Yes, there should be regional centres, eg for neurology, but much of the rest of the work should be done locally, by properly supported and resourced generalists. Much of the work currently done in hospitals should be done in the community and be more team based rather than doctor-led. How this might affect hospital pharmacy is not clear.

The 200-odd page report will take time to digest. Even the summary is over 70 pages long. The Scottish Parliament is due to debate it after the summer recess and I wonder how many of the recommendations make it into practice.

Written by a senior hospital pharmacist

CCA COMMENT

Independent prescribing

Company Chemist Association chief executive, Colin Baldwin, outlines why this development is of such strategic importance for community pharmacy

It is no surprise that all the pharmacy bodies support access to the full *British National Formulary* for all conditions. There is a strong case to be made. Experience from nurse prescribing shows that limits on the formulary, or range of conditions nurses prescribe for, hinders their ability to translate this new role into service benefits for patients.

In addition, pharmacists' breadth of understanding medicines – and the focus on medication review as a locus for the use of this new skill – means that access to the full *BNF* is key. The Committee on Safety of Medicines has the final say, but the fact that the profession is united in its support for "option D" is important – and sends a strong message to policy makers about pharmacists' ambitions.

What are the opportunities this new role creates for contractors?

● **Network development:** independent prescribing provides an unprecedented opportunity to develop links early on with other non-medical prescribers – and learn with and from them. Multidisciplinary learning will reduce isolation and enable peer review and joint continuing professional development. It also provides an external, objective assessment on an ongoing basis to pharmacists and their employers about individual competency to work as an independent prescriber. This is important for good clinical governance to ensure patient safety. And with the future need for revalidation, it provides a framework for that too.

● **Expanding NHS role:** primary care is likely to change significantly in the next five years. CCA has highlighted previously how, with the introduction of the contracting mechanism alternative providers of medical services

(AMSPs), the door is now open for primary care contractors and many are likely to provide a much wider range of primary care services, including many that



GPs alone currently provide. Independent prescribing will enable pharmacists to realise this potential to an even greater degree.

● **New private healthcare markets:** there is recognition that there are a number of new – as well as existing – "lifestyle" drugs for the management of common conditions such as obesity, erectile dysfunction and low libido. Some of these may be available on the *Drug Tariff*, others may not. Consumers want access to them – look at the internet trade in Viagra. They are Prescription Only Medicines and will need to be prescribed but independent prescribers, including pharmacists, will be able to prescribe privately as well as for the NHS.

Potentially this creates a whole new direction for pharmacy to develop, making these POMs easier to access, but within a strictly regulated environment where safe systems are in place and a quality assured product is provided directly to the public.

Independent prescribing is in a way the final frontier for the profession. It opens many doors for pharmacy. Having a strategy for how non medical prescribing will develop their business is going to be important for contractors – both now and in the future.

LEGISLATION

RCVS responds to POM proposals

The Royal College of Veterinary Surgeons (RCVS) continues to be concerned about the impact of the Competition Commission's recommendations on the supply of veterinary prescription-only medicines.

The RCVS has reservations about the proposal that veterinary surgeons should not be allowed to charge for a written prescription for three years. The RCVS believes the suggestion that the cost of a written prescription should be included within the general consultation fee, provided the same fee is charged to all clients, "has added insult to injury" and seems to be "encouraging the profession to be less than transparent in its charging".

In any event, the RCVS says it has "no wish to implement the recommendation for a zero prescription fee" and has consistently stated that it has no power to do so.

The RCVS is also concerned about the DTI's wish for veterinary surgeons to display signs advising clients of the price of the 10 prescription medicines most commonly supplied in the previous three-month period.

The RCVS does not believe this is appropriate in all cases and wants to reserve its position until the final form of the Veterinary Medicines Regulation is clear. It points out that the regulations would make it illegal to advertise POMs to the general public, although this would not apply to



price lists in veterinary practices for medicines in the POM-V category, provided that their trade names were not used. If this were to be the case it would make a "complete nonsense" of the requirement to put up a list of prices for the most commonly supplied POMs, says the college.

The DTI will implement the changes either through a 'full order' or by a combination of changes to the RCVS's professional code of conduct and a reduced scope order.

The RCVS reviewed the proposed changes to its code of conduct at the Council meeting held on June 2 and has reaffirmed that it would be preferable to include some of the DTI recommendations in the code of conduct rather than in legislation.

It acknowledged that being associated with changes that "might be seen to be contrary to animal welfare and good sense" could undermine its position. However, the Council decided that the best way forward would be to try to persuade ministers that implementation should be through the code of conduct and to ensure that the final text best serves the interests of patients and the animal-owning public.

Jeremy Todd, pharmacy manager, Alliance Pharmacy, Fife, has become the 200th professional executive committee pharmacist of a primary care trust. A pharmacist since 1997, he joined Alliance Pharmacy in 2004 and has been appointed to the PNC of South Gloucestershire PCT. He is pictured with his pharmacy team, from the left, back: Sally Payne, Gita Wadia, front: Amanda Williams and Heather Johnson. Eamre



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ABPI blames 'Luddite' GPs for falling drug sales

by Max Gosney

The conservative attitude of British doctors is hindering drug sales, the Association of the British Pharmaceutical Industry has warned.

GPs' hesitancy to prescribe the latest NHS-approved medicines led to the first decline in drug sales in over 20 years in 2005, claims the association. Vincent Lawton, president of the ABPI, said: "At times the conservatism of British doctors borders on Luddism. There should be an

obligation for GPs to take up new drugs as soon as they are approved."

The comments came after an IMS Health report revealed that sales of branded and generic medicines dropped by 1.1 per cent from January to April 2005. Mr Lawton warned that UK drug sales face a bleak future of "significant decline" unless NICE re-evaluates its appraisals process.

The organisation should abandon its current policy of immediately reviewing new drugs in favour of appraisals five years

after their launch, according to the ABPI. Mr Lawton added: "You only find out the true economies of a new drug when it is in the wider population."

However, doctors defended their reluctance to embrace new treatments. Dr Hamish Meldrum, chairman of the BMA's GPs Committee, said: "It is not always the case that the newest, brightest, and often more expensive drugs are always the best. GPs have a responsibility to weigh up the pros and cons when deciding what to prescribe."

NHS fails older terminally ill people, says Help The Aged

Discrimination that currently exists within health services is denying many older people a dignified death, a leading charity has said.

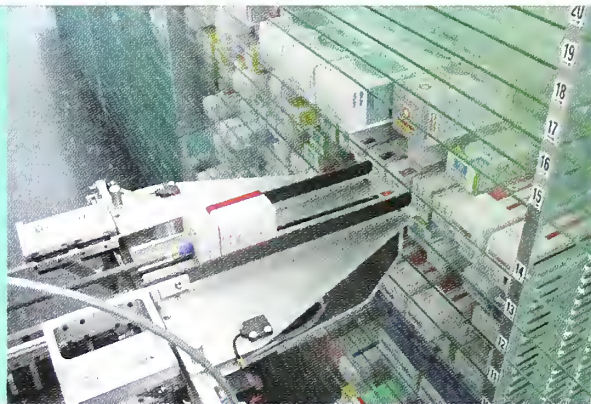
There is an "enormous difference" in the level and quality of care and support available to older terminally ill patients compared to younger dying people, says a recent report published by Help The Aged.

Furthermore, inequalities in palliative care mean older people are less likely to go into a hospice or die at home, states the research that was conducted by a senior lecturer at Sheffield University.

As a result of the research findings, Help The Aged has made several recommendations for health and social care providers. These include training all staff to provide high quality "end of life" care, and providing information to inform elderly people of the support they can expect when dying.

AF

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Biotech readdresses pharma power

The balance of power between big pharmaceutical companies and their smaller biotech counterparts appears to be shifting in favour of the biotechs, a report claims.

Industry experts at professional services firm KPMG say the biotech sector is increasing in power and they are reaching a level playing field with the big pharmaceutical companies. R&D in biotechs is yielding more fruit than similar activities in the pharma sector, says the report. This has stimulated in-licensing activities of biotech drugs by the

larger drug companies to supplement their dwindling pipelines.

Biotechs are structuring deals in a smarter way as the industry matures, says KPMG, but a feeling remains that they have not released their newly found power on the market yet.

Early deals, such as that between ImClone and Bristol-Myers Squibb over monoclonal antibody for non-small cell lung cancer Erbitux (cetuximab) were a learning curve for both industries. The original deal in 2001 was

worth \$2 billion and was one of the biggest biotech-pharma deals that year. After the US Food and Drug Administration requested more data for Erbitux's licence application, BMS downgraded the initial milestone payment of \$300m to \$140m and a subsequent \$60m.

Stephen Oxley, European head of pharmaceuticals at KPMG, said: "Quite simply, the biotech industry has never had so much power. Big pharma knows they won't get a product out of every deal. It appears that they

are taking on greater external risk by doing a larger number of deals but they are mitigating that risk with more innovative ways of structuring payment and opt-in points throughout the deal."

Licensing-in biotech products for the pharmaceutical industry has now become part of the business model. However, late licensing of products can be costly, but cheaper deals earlier on in the process can sometimes result in the product never making it to market.

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Making a **killing** for €60

John Hunge reports on the rumpus over a euthanasia kit in Belgium and other developments in European pharmacy

Legal euthanasia has become such a fact of life (or death) in Belgium that people wanting to end it all are not expected to have to wait more than a day.

Belgian community pharmacists are now obliged to have a special 'euthanasia kit' in stock or be able to organise one within 24 hours. In the past only hospitals would have held the necessary drugs, with pharmacists ordering the kit. But the long waiting times led to criticism from the GPs who administer the drugs and the patients suffering from constant and unbearable physical or psychological pain.

Another argument for introducing the kit into the community sector is that a survey among Belgian doctors found that some weren't sure about the active ingredients and doses in case a patient asked for a 'euthanasia treatment'.

However, it is the price of the 'euthanasia kit' that has been particularly criticised. The kit contains a pack of Pentothal (10 phials of thiopentone sodium 20mg), Norcuron (two phials of vecuronium bromide 10mg), a sleeping medicine and the required equipment (*C&D*, April 23, p5). The €60 price has upset

the public, which sees it as the pharmaceutical industry and pharmacists making too much money from the service.

One of the reasons is that the kit contains 10 phials of Pentothal although just three are needed for the "treatment". Officially, doctors have to return the seven unused phials to the pharmacist who has to destroy them.

The press was also harsh. Belgium's *De Morgen* noted that a house doctor could do up to three or four euthanasia killings with one kit. On top of that, the patients have to pay a lot for their death, said the newspaper.

Switzerland

Swiss miss for generics

During the last few months Swiss pharmacists have frequently faced immense criticism from customers, health insurance organisations and the press. One of the biggest problems seems to be the OTC market that slumped further in 2004. While it was worth 660 million Swiss francs (approx £290 million) in 2003, it lost 3.6 per cent in 2004, being worth only SFR 636m. The worst hit sectors were vitamins, analgesics and products for colds: the market for analgesics fell 8.4 per cent.

Another problem, say the critics, is that pharmacists are ignoring cheaper generic alternatives and concentrating on the sale of expensive branded products, despite 48 per cent of customers and patients being willing to purchase a generic.

To prove the claim the Zurich *Sonntagsblick* send a journalist as a test shopper with a prescription to pharmacists in the city. Only one out of eight pharmacists offered a cheaper generic substitute. The Swiss health insurance organisations are now putting even more pressure on pharmacists as only 6 per cent of all dispensed medicines are generics – putting Switzerland at the bottom of the generics league in Europe.

It has been calculated that as a result Switzerland is spending the equivalent of about £270m too much for medicines every year, according to the umbrella group of Swiss health insurers, Santésuisse. In addition, the prices to the end consumer of the 100 most commonly supplied medicines are between 18 and 25 per cent higher than in Austria, Italy, France, Germany and Belgium.

Santésuisse is now asking the Swiss Federal Office to compare the prices of medicines in neighbouring countries with Austria, France and Italy.

Denmark

Keeping costs down

From now on Denmark's pharmacists will have to be even more cost conscious when they dispense medicines. A new law says that the reimbursement for medicines will only be as high as the cheapest product in a particular group of medicines. If the pharmacist supplies a product that is more expensive, the patient has to pay the difference.

In the case of an incompatibility, for example because of an allergic reaction, patients can apply for an exemption and will get the medicine that suits them best.

OTC products are also not reimbursable anymore, except for some illnesses. As Denmark is facing rising costs for medicines and medical products, the new law is intended to help cut the expense to the national health system.

Poland

Medicines for less than a penny

Pharmacists in Poland are not only having to fight the weaknesses of the domestic health system, they are also having to cope with a growing number of overseas competitors.

When the Lithuanian chain Euroapteka started its "Drugs for one grosz" Polish pharmacists went to the government to ask for help. In a request to the Sejm, the lower chamber of the Polish Parliament, they demanded fixed prices for reimbursable medicines. Their argument was that single pharmacies are not able to cope with competitors such as Euroapteka and their aggressive discount battles.

Among the medicines Euroapteka is offering for the price of one grosz (€0.002) per unit are atenolol, Staveran (a brand of verapamil), nitrendipin (an antihypertensive) or Amizepin (a

brand of carbamazepine). Polish pharmacists argue that this kind of policy is pushing the request for medicines in an artificial way and could put the public health at risk.

In addition, the country's weak health system is facing even more costs as figures from the city of Bialystok show. After introducing "Drugs for one grosz" the National Health Fund office in Bialystok had additional costs of €600,000. Euroapteka has approximately 30 pharmacies in Poland, owned by a Lithuanian retailer.

Meanwhile another overseas chain is establishing itself in Poland and is causing domestic pharmacists to worry even more about their future. The Israeli chain SuperPharm opened new pharmacies in Warsaw and Krakow, and is planning up to 14 pharmacies by the end of 2005 with a turnover of €16.5m.



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Heart of the matter

OTC statins: Taking the initiative

FIN McCAUL, MRPharmS
Prestwich Pharmacy

This article is the last in a five-part series discussing the key issues surrounding OTC statins.



No one could say the launch of OTC simvastatin has been an easy ride. Some argue that there have not been the sales that were anticipated and many people offer a number of reasons as to why this is.

The reality is, however, if this category is to succeed, there is a role to play for both the pharmaceutical industry and the pharmacy.

It is the responsibility of the pharmaceutical industry to encourage consumers to enter the pharmacy but, once through the door, it is the responsibility of the pharmacist to give the best healthcare advice possible – and this may involve identifying individuals who would benefit from being more pro-active about their heart health.

There are some pharmacists who have really embraced the opportunities this new category offers and are doing some great work.

For example, in January this year Sunil Kohhar of the Regent Pharmacy in Gravesend had sold only 3 packs of OTC simvastatin. He now sells between 3 and 4 packs a week. The secret to his success, he believes, has been pro-active, yet discreet, promotion.

Sunil believes if you give someone the chance to identify their own risk in their own time, they are more likely to decide to take steps to look after their heart health.

Since the start of the year Sunil has been identifying potential OTC statin customers and placing risk assessment scratchcards into their bag. A tactic, he believes, which has been his most powerful sales tool.

Another pharmacy seeing positive results is Arvind Gautama's Health & Beauty in Gerrards Cross. Like many pharmacists, when OTC simvastatin was launched, Arvind dedicated a full window display to its promotion. However the real success, he believes, has come from getting out on the shop floor and pro-actively identifying customers.

Arvind says he takes the time to approach customers and engage them in conversations about their heart health. This, he believes, has helped identify many moderate risk individuals who would otherwise have gone undetected and resulted in him selling 65 packs in just 40 days.

In my view, these two examples of best practice illustrate that there are huge benefits to be gained from being more pro-active and commercially minded and getting out onto the shop floor to talk to customers.

Hopefully if it means we can provide them with the advice they need to live longer, healthier lives.

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STATUTORY COMMITTEE

Reprimand for errors in repeat prescriptions

A pharmacist who made errors in operating a repeat prescription system while working as a locum in Cheltenham was reprimanded by his professional body last month.

But Nigel Carpenter's actions had not been "dishonest, fraudulent or wilful", Lord Fraser of Carmyllie QC, and chairman of the Royal Pharmaceutical Society's Statutory Committee said in announcing its decision.

Mr Carpenter, now of Redruth, Cornwall, got into trouble over his prescription system while working as a locum pharmacist in charge of Martins Pharmacy in Cheltenham, Gloucestershire.

He admitted allegations of misconduct involving "failing to maintain accurate and timely records, supplying medicines not required and endorsed for payment when not supplied".

Lord Fraser said: "There was no escaping the central complaint and he does not seek to avoid his responsibilities. If the public purse has lost out he would be prepared to recompense but this is impossible to calculate.

"We do not conclude there was dishonesty, fraudulent or wilful conduct – there was no gain for him. On this occasion we will

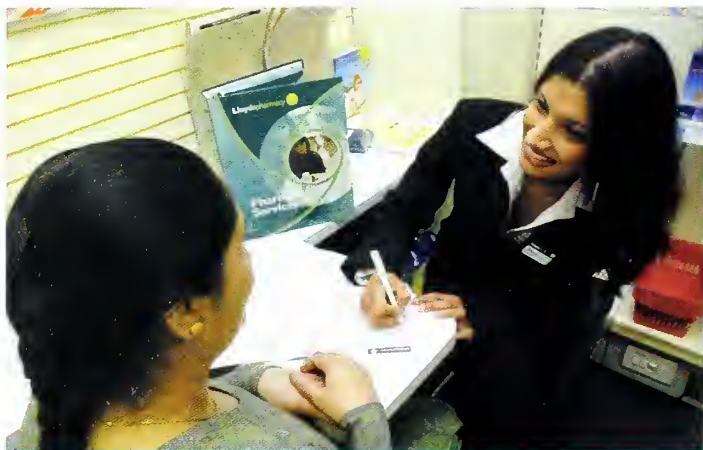
restrict the sanction to a reprimand."

While a locum he had been "too timid" to make changes but the Committee believed he would now operate a repeat system "by the book". Lord Fraser said: "He has been chastened by his experience."

In his evidence Mr Carpenter said he had worked at the pharmacy for three years until December 2002. "When I first worked at the pharmacy the system had already been put in place – I inherited the system," he said.

He had complained about the way the system was operated but said the owner did not want it changed, adding: "I was under a great deal of pressure at the time." He continued: "I can only apologise profusely for the failings. I cannot believe I let my standards slip so low, I should have walked away. I can't believe how I approached my professional obligations. I'm guilty of shambolic record-keeping."

Fenella Morris for the Society said there was no dishonesty or impropriety alleged but said that his systems were "gravely lacking".



Simreen Chowdhury was the first fully accredited pharmacist at Lloyd's Pharmacy to conduct a medicines use review under the new pharmacy contract for England. Ms. Chowdhury works in the West Road Lloyd's Pharmacy in Newcastle upon Tyne. A further 35 Lloyd's Pharmacy pharmacists have recently earned full MUR accreditation and another 870 have enrolled on the training programme. "It was a great feeling to offer the first MUR and was nowhere near as daunting as I thought. I targeted the first one – a hypertensive patient – from a list of conditions my PCT identified," said Ms. Chowdhury.

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Vanessa Sherwood outlines the main properties of antibacterial drugs

Which antibiotic?



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At the beginning of the 20th century a German physician called Paul Ehrlich was searching for a "magic bullet". It had occurred to him that it might be possible to find chemicals that would kill pathogenic micro-organisms without harming human cells, that is, products that exhibit selective toxicity. His 607th arsenic compound, arsphenamine (Salvarsan), was found to be highly effective at treating syphilis and many patients were cured, although the treatment made them very ill.

Penicillin, the first true antibiotic, was discovered in 1929, although its potential as a treatment for infection was not realised until 1940. Penicillin showed selective toxicity because even at doses higher than necessary to kill the infection it had no serious ill effects on the host. It is now understood that the structural and functional differences between bacterial cells (prokaryotes) and human cells (eukaryotes) are responsible for the selective toxicity of antibiotic drugs.

Antibiotics are defined as substances produced by, or derived from, a micro-organism that destroys or inhibits the growth of other micro-organisms. Even products that are now made partially or completely in the laboratory are still referred to as antibiotics because micro-organisms can make them in whole or in part.

The antibacterial drugs trimethoprim, quinolones and metronidazole are included in this article but are not strictly antibiotics as they have never been

produced by a micro-organism.

Penicillins

All penicillins have the same basic chemical structure that appears essential for activity: a β lactam ring. Variations in the side-chain of the basic penicillin molecule account for the differing characteristics.

The penicillins' antimicrobial activity is most likely due to their effect on bacterial cell wall synthesis. Originally it was thought that penicillin blocked an enzyme that synthesised the peptidoglycan component of the wall. Without a properly formed cell wall the hypertonic bacterial cells were susceptible to osmotic lysis.

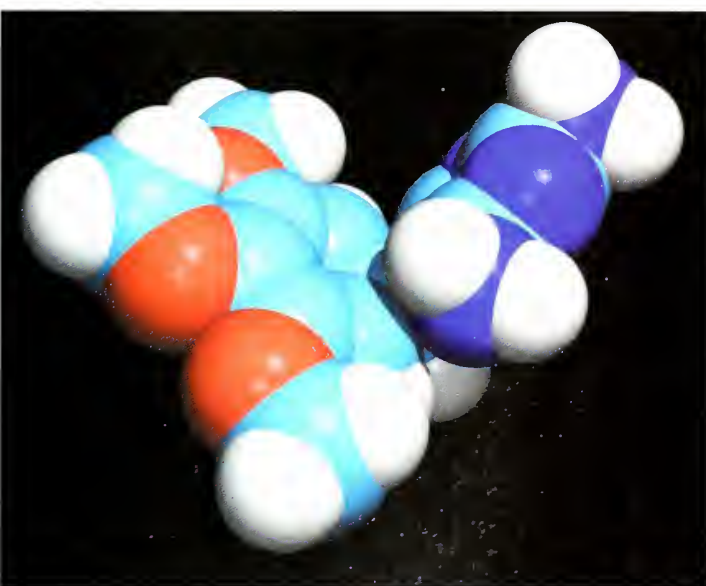
More recently it has been proposed that the penicillins attach to specific penicillin-binding proteins (PBPs) in the cell wall, activating the bacteria's own autolytic enzymes that destroy the cell. However, the first theory is supported by the fact that penicillins are only effective against bacteria that are actively growing, that is, they are trying to produce new peptidoglycan cell walls.

The lack of an outer cell wall around human cells means that penicillins are selectively toxic for bacterial cells. Penicillins are considered bactericidal as they kill the bacterial cells; other antibacterial drugs are bacteriostatic, for example they reversibly inhibit growth.

Many bacteria are resistant to penicillin because of the production of penicillinases that degrade the drug. Most of these enzymes work by destroying the

Objectives

- To know the properties of the main groups of antibiotic
- To understand how each group is thought to work
- To be aware of general precautions
- To appreciate the risk of resistance
- To know the first choice antibiotics for certain infections



Computer-generated molecular model of trimethoprim, used to treat urinary tract infections. It is composed of carbon (light blue), hydrogen (white), nitrogen (dark blue) and oxygen (red). Trimethoprim works by inhibiting the synthesis of folic acid (folate) inside the bacterial cell, though its efficiency is being affected by the increase in bacterial resistance

β -lactam ring essential for activity, that is, they are β -lactamases. There are many different forms of β -lactamase.

Penicillins are the most commonly prescribed antibiotics. According to the latest PACT data produced by the Prescription Pricing Authority, in the year to June 2004 GPs prescribed 18 million penicillin items. Amoxicillin is the most popular penicillin (58 per cent of all penicillin prescription items) followed by flucloxacillin (18 per cent), phenoxymethylpenicillin (13 per cent) and co-amoxiclav (amoxicillin and clavulanic acid) (9 per cent).

Amoxicillin, a derivative of ampicillin, is active against Gram-negative and Gram-positive organisms but is inactivated by β -lactamase produced by some bacteria such as *S aureus*, *E coli* and *H influenzae*. Amoxicillin is better absorbed from the gut than ampicillin and absorption is not affected by the presence of food.

Clavulanic acid has no antibacterial activity *per se* but it inhibits the penicillinase enzymes, such as β -lactamase, that may otherwise destroy the antibiotic with which it is combined. As a result, co-amoxiclav can be used

Continued on page 29

to treat amoxicillin-resistant strains.

Flucloxacillin is used to treat penicillin-resistant staphylococcal infections as it is not inactivated by the penicillinase enzymes they produce. It is well absorbed from the gut in the absence of food, and is of particular value in treating soft tissue infections.

Phenoxymethylpenicillin (penicillin V) is used mainly for respiratory tract infections in children, streptococcal throat infections in adults and for continuing therapy begun as intravenous benzylpenicillin. Absorption from the gut is variable but is best in the absence of food.

Despite the low toxicity of these drugs, up to 10 per cent of patients may be allergic to penicillins but only 0.05 per cent of them will have an anaphylactic reaction. According to the *British National Formulary*, atopic patients are more likely to be allergic to penicillin.

Macrolides

The macrolides include erythromycin and its newer derivatives azithromycin, clarithromycin and telithromycin.

Their antimicrobial activity is due to inhibition of bacterial protein synthesis. As explained in the first article in this series (*C&D*, March 19, p25-28), bacteria have 70S ribosomes whereas mammals have 80S ribosomes. The macrolides bind to the subunits of bacterial ribosomes and inhibit protein synthesis by preventing translocation of peptides. There are sufficient differences between mammalian and bacterial ribosomes to provide selective toxicity, although this is not as good as penicillins; all cells perform protein synthesis which could in theory be affected by the macrolides.

The macrolides are the second most commonly prescribed group of antibiotics in England. In the year ending June 2004 just over four million items were dispensed. Erythromycin accounts for 78 per cent of all macrolide prescribing. It is most often used for penicillin-allergic patients as it has a similar spectrum of activity. However, it is also an effective treatment for whooping cough, Legionnaire's disease and chlamydiae. It is also used to treat penicillin-resistant staphylococcal infections but resistance to erythromycin is increasing. It is bacteriostatic but may be



Pharmacists should ensure patients understand whether their antibiotic should be taken before, with or after food

bactericidal at high concentrations against low levels of bacteria.

The newer macrolides have a longer duration of action and do not need to be given as frequently. Azithromycin (once daily) and clarithromycin (once or twice daily) also cause less gastrointestinal upset than erythromycin. Azithromycin has enhanced activity against *H influenzae* compared with erythromycin.

Cephalosporins

The β -lactam structure of the cephalosporins is similar to penicillins. Therefore, their antimicrobial activity is also due to the effects on bacterial cell wall synthesis.

Cephalosporins are classified into three major groups depending on their spectrum of activity:

- First generation, for example cefalexin, cefradine and cefadroxil are more active against most Gram-positive cocci and some Gram-negative rods. They are used to treat urinary and

respiratory tract infections.

- Second generation, for example cefaclor, cefprozil and cefuroxime axetil have a similar spectrum of activity but, in addition, are more active against Gram-negative rods except *P aeruginosa*. Cefaclor is active against *H influenzae*.

- Third generation drugs have weaker activity against Gram-positive cocci but enhanced activity against Gram-negative rods, including *P aeruginosa*. Some in this group can penetrate the CNS in sufficient concentration to treat meningitis caused by Gram-negative rods, for example intravenous ceftriaxone, cefotaxime.

Although cephalosporins can be used in penicillin-allergic patients, up to 10 per cent of this group may exhibit cross-sensitivity to cephalosporins. Like the penicillins, they are excreted renally and should be used with caution in renal impairment.

Tetracyclines

Tetracyclines share a common four-ring structure with a variety

of side-chains attached giving rise to different compounds.

Tetracycline compounds differ in their physical and pharmacological characteristics but have virtually identical antimicrobial properties. Unlike penicillins or cephalosporins, which are of fungal origin, the natural tetracyclines (oxytetracycline and chlortetracycline) are produced by the actinomycete genus *Streptomyces*, that is, they are of prokaryotic origin.

Tetracyclines work by inhibiting protein synthesis in bacteria by binding to the 30S subunit of bacterial ribosomes, preventing the binding of tRNA molecules to the ribosome. Their favourable therapeutic ratio is due mainly to their active transport into bacterial cells compared to mammalian cells, creating a high intracellular concentration. Tetracyclines are bacteriostatic; the effectiveness of treatment also depends on active host resistance to the pathogen. There is also complete cross-resistance among the group.

Oxytetracycline is the most commonly prescribed antibiotic (41 per cent of tetracyclines), followed by doxycycline (31 per cent) and minocycline (18 per cent) according to the PPA. However, tetracycline prescribing is decreasing because of growing resistance to the drugs.

Tetracyclines inhibit the growth of susceptible Gram-positive and Gram-negative bacteria and are still the drugs of choice for infections caused by *Chlamydiae* sp, *Rickettsia* sp and *Mycoplasma pneumoniae*. They are also used for acne. Minocycline has the broadest spectrum but is the most expensive and seems to be associated with a higher risk of hepatitis and exacerbating systemic lupus erythematosus.

Tetracyclines should not be given to children under 12 years, pregnant or breast-feeding women as, by binding to calcium, they are deposited in growing bones and teeth.

Quinolones

The quinolones are synthetic antibacterial agents that contain a 4-quinolone ring. The first to be synthesised was nalidixic acid in the early 1960s but this did not achieve effective systemic antibacterial levels and was only useful as a urinary antiseptic.

Fluorinated derivatives, the fluoroquinolones (ciprofloxacin,

Continued on page 32 ►

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norfloxacin etc) are well absorbed and widely distributed into body fluids and tissues except the CNS. They are metabolised to some extent by the liver but excreted by the kidney.

All quinolones inhibit bacterial growth; they stop bacterial DNA synthesis by blocking DNA gyrase – an enzyme that produces local unwinding of coiled DNA. This disrupts DNA replication, repair, transcription and all other processes involving DNA. Although they are relatively new antibacterial compounds, resistance is already appearing – they should not be used where less expensive, standard antibiotics would be effective.

Ciprofloxacin accounts for 84 per cent of all quinolone prescribing in England. It is particularly active against Gram-negative bacteria and is used to treat infections of the respiratory tract (except pneumococcal pneumonia), gastrointestinal system and urinary tract, as well as some cases of gonorrhoea and septicemia. It is not useful for anaerobic infections.

Quinolones can induce convulsions in patients with or without a history of convulsions. Taking NSAIDs at the same time may also cause convulsions. Quinolones should be used with caution in any patients with a history of seizures or renal impairment. Their use in

adolescents and children has been discouraged because of possible effects on developing weight-bearing joints. However, in some circumstances a short course may be justified.

Trimethoprim

Trimethoprim and the sulfonamides are synthetic antibacterial drugs that act as antimetabolites.

Humans cannot synthesise folic acid and must receive it in their diet. However, bacteria synthesise their own folic acid, which is then used to manufacture purines and pyrimidines, the bases of DNA. Trimethoprim and the sulfonamides inhibit the production of folic acid by affecting different steps of the metabolic pathway.

The sulfonamides are structural analogues of para-aminobenzoic acid (PABA) – a compound in the folic acid metabolic pathway – and compete with it for an active site on an enzyme essential for folic acid synthesis. Trimethoprim inhibits dihydrofolic acid reductase. This is an enzyme that reduces dihydrofolic acid to tetrahydrofolic acid, another essential step in the metabolic pathway. Trimethoprim is 50,000 times more selective for the bacterial enzyme than the human version.

The combination of trimethoprim and the

sulfonamide compound sulfamethoxazole (co-trimoxazole) therefore has a synergistic effect. However, its use has been limited to specific indications following warnings from the Committee on Safety of Medicines about serious side effects.

Because of its lower risk of side effects trimethoprim is now used alone, mainly for the treatment of urinary tract infections. In 1998 the Standing Medical Advisory Committee recommended limiting prescribing of trimethoprim to a three-day course for uncomplicated cystitis in otherwise healthy women. However, in the year to June 2004 only 18 per cent of all prescriptions for 200mg tablets were for this quantity.

Metronidazole

Metronidazole is a 5-nitroimidazole derivative that was first introduced at the end of the 1950s for the treatment of the protozoan *Trichomonas vaginalis* infections. It has bactericidal activity due to the nitro group in its chemical structure. Once inside the microbe's cell a nitroreductase enzyme in the cytoplasm reduces the drug's nitro group, generating free radical compounds that disrupt host DNA.

Metronidazole has potent activity against almost all anaerobic bacteria including *B fragilis*, *Fusobacterium* sp and *Clostridium* sp. Its activity against *B fragilis*, a colonic anaerobe, means it is useful for surgical and gynaecological sepsis. Metronidazole's activity against *Clostridium difficile* makes it a suitable first-line treatment for pseudomembranous colitis, and it is also active against the protozoa *Giardia lamblia* and *Entamoeba histolytica*.

Generally, it is well-tolerated when given orally. Mild gastrointestinal side effects such as nausea, cramps and diarrhoea may be experienced along with a metallic taste. Community pharmacists should always warn patients about the disulfiram-type reaction with alcohol and

metronidazole. If patients have drunk alcohol with other antibiotics they may incorrectly presume that all are safe.

Metronidazole has been shown to be carcinogenic in mice and rats but there is no evidence for this in humans. However, high doses should be avoided in pregnancy and breast-feeding.

Vanessa Sherwood, BSc, MRPharmS, is a freelance writer, formerly clinical editor, C&D.

Actionplan

1. What are the functional and structural differences between prokaryotic and eukaryotic cells?
2. Find out which other antibiotics are commonly prescribed (a few are noted in the article). Record in your practice workbook the next 100 antibiotics prescribed. Analyse the number of each type. Do your doctors' prescribing habits match the national figures? If not, think about why they differ.
3. Read section 5.1 of the *British National Formulary* ("Antibacterial drugs").
4. Think about the different dosing regimens for ampicillin and amoxicillin. Why do they differ? Now think about all other antibiotic regimens. Can you relate their specific routines to drug features? Make notes about this and the advice you give when supplying each antibiotic. Make sure staff who give out prescriptions are aware of this advice.
5. Although oxytetracycline use has dropped, doxycycline and minocycline use has increased over the past few years. Revise the problems of administration and side effects of these drugs. You should have already noted significant administration points in your practice workbook.
6. Have you noticed a recent change in antibiotic prescribing for urinary tract infections from a five to a three-day course? Can you identify the reason?

Breast-feeding women and children under 12 years should avoid tetracyclines as they bind to calcium and are deposited in growing bones and teeth



Distance learning for pharmacists

Pharmacists in **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D readers can self-test their progress by using the multiple choice practice (MCQ) papers. The first MCQ paper was inserted in the July 2 issue, which will cover this week's CPP-accredited module. Subsequent papers will be in the June 1 and 25 issues. These will cover:

● **Antibiotic part 1 (1339)** ● **Basic Bugs part 3 (1340)** ● **Minor ailments part 1 (1341).**

For more information on the self-test verification of results – details on the monthly MCQ papers.

For more information on Pharmacy Update can contact Mary Prebble on 01732 377269.

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GENUS PHARMACEUTICALS

Attitudes and recommendations in children's pain and fever



Analgesics are among the most commonly used OTC treatments in children.¹ Your recommendations in paediatric pain and fever will support those of others in primary care. Recommending a brand parents trust complements your good advice, helping to ensure the medicine will be used confidently and correctly in the home.

What professionals are saying

Doctors usually recommend paracetamol-based medicines such as Calpol Infant Suspension first when treating children's pain and fever.² Paracetamol has an excellent safety profile established over 40 years.

Ibuprofen is normally recommended by doctors as a second treatment option.² Calprofen, an ibuprofen product from the makers of Calpol, is a leading choice by healthcare professionals.³ Parents of an asthmatic child are advised to consult with a GP before using ibuprofen.

If needed, doctors can comfortably recommend alternate dosing with paracetamol and ibuprofen. Paracetamol and ibuprofen should each be administered within their relevant recommended daily dose.

Calpol is a popular first line choice for professionals. In a survey of midwives and health visitors, 71% specifically recommended Calpol.³

Calpol Infant Suspensions Product Information: Presentation: Suspension containing 120mg Paracetamol per 5ml. **Uses:** Treatment of mild to moderate pain and as an antipyretic. **Dosage:** Children 1 to under 6 years: 5 – 10ml; Repeat dose every 4 hours if necessary, up to a max of 4 doses in 24 hours. Children 3 months to under 1 year: 2.5 – 5ml; Repeat dose every 4 hours if necessary, up to a max of 4 doses in 24 hours. Infants 2-3 months: Post-vaccination fever at 2 months: 2.5ml and a second dose, if necessary, after 4-6 hours. Treatment of mild to moderate pain and as an antipyretic (Infants over 4kg, not born before 37 weeks): 2.5ml and a second dose, if necessary, 4-6 hours later. **Contraindications:** Hypersensitivity to paracetamol. **Precautions:** Caution in severe hepatic or renal dysfunction. Interactions with Dampendone, metoclopramide, ceftriaxime, anticoagulants, barbiturates, tricyclic antidepressants, alcohol, anticonvulsants and oral steroid contraceptives.

Pregnancy and lactation: Consult doctor



Consumer Healthcare
www.calpol.co.uk

before use. **Side effects:** Rarely skin rash, other allergic reactions and blood dyscrasias. Hepatic necrosis and papillary necrosis have been reported following prolonged use. **RRP (ex-VAT):** 70ml bottle £1.66, 140ml bottle £2.97, 12 x 5ml sachets £2.34. **Legal category:** Batch P Sachets GSL. **PL holder:** Pfizer Consumer Healthcare, Walton-on-the-Hill, KT20 7NS. **PL number:** Calpol Infant Suspension: 15513/0004. **Date of preparation:** November 2004. **Calprofen Product Information: Presentation:** Suspension containing 100mg Ibuprofen per 5ml. **Uses:** Treatment of mild to moderate pain and as an antipyretic. **Dosage:** Infants 6-12 months: 2.5ml three times a day; Children 1-2 years: 2.5ml three to four times a day; Children 3-7 years: 5ml three to four times a day; Children 8-12 years: 10ml three to four times a day. Not recommended for children weighing less than 7kg. **Contraindications:** Hypersensitivity. History of peptic ulceration. Individuals in whom ibuprofen, aspirin or other non-steroidal anti-inflammatory drugs induce asthma, rhinitis or urticaria. **Precautions:** Hepatic or renal dysfunction, heart failure. Individuals with coagulation defects or receiving anticoagulant therapy. Caution in bronchial asthma or allergic disease. Care should be taken with antihypertensives including diuretics, cardiac glycosides, lithium,

mefenorexate, cyclosporin, mifepristone, other analgesics, warfarin, oral anticoagulants, oral sulphonamides. **Pregnancy and lactation:** Not recommended. **Side effects:** GI disturbances, occasionally gastric ulceration, bleeding, hypersensitivity reactions and oedema. Other reactions that may be necessary to be related to ibuprofen include renal and vestibular disorders, and sensory disturbance, haematological disorders and stomatitis. **RRP (ex-VAT):** £2.97. **Legal category:** P. **PL holder:** Pfizer Consumer Healthcare Limited, Balmuccia, Cleveley, Cumbria, Cumbria. **PL number:** 04917/0044. **Date of revision:** April 2004. **References:** 1. Conry, S et al. An examination of the management of pain in the home of over-the-counter medicines. *Journal of Clinical Pharmacy and Therapeutics* 2003; 27: 1-13. 2. Royal College of Paediatrics and Child Health. *Medicines for Children*. 2nd ed. London: RCPCH Publications, 2003. 3. British Healthcare Network. *DFU Feedback* 2005; 4 (1) 10. **Qualitative Advertising Research:** December 2004. **Family Research:** April 2005. **IRI Unit Sales:** 52 weeks to 16 Apr 05. **6: Calpol Infant Suspension.** Summary Product Characteristics.

What parents are thinking

Paracetamol is the most commonly administered medicine to children in the UK, with Calpol the most popular brand. Calpol offers effective, well tolerated pain and fever relief with a great strawberry taste to help make dosing easier. Research shows that parents value brands they can trust when treating their children's pain and fever.⁴ This is an important consideration when recommending a second line treatment. In surveys, mothers have expressed a preference for Calprofen over other ibuprofen brands because they associate it with the familiar name of Calpol.⁴

What this means to you

For first line relief, recommend the UK's best selling pain and fever medicine for children.^{1,2,5} Calpol Infant Suspension is trusted by healthcare professionals and parents alike. Calpol has been a household name for almost 40 years and continues to break new ground in paediatric pain and fever. It is the first children's paracetamol licensed for general pain and fever from 2 months.⁶

For second line relief recommend Calprofen, an ibuprofen made especially for children from the makers of Calpol. Parents feel reassured knowing Calpol medicines are only made for children, and Calprofen shares in this valuable brand trust.⁴ Also, Calprofen has the same pleasant taste as Calpol. Calprofen can be used from six months.

If needed, doctors and non-prescribing HCPs can recommend alternate dosing with paracetamol and ibuprofen from the same range. Calpol (paracetamol) and Calprofen (ibuprofen) have different modes of action and are not known to interact with each other. Remind parents to stick to the dose ranges printed on the side of the pack. Also remind them that pain and fever could be a sign of a more serious condition, and refer to a GP as necessary.



2+ Months



6 Months to 12 Years

Contains paracetamol Contains ibuprofen

Children's medicine specialist

Escitalopram is superior to citalopram

A head-to-head trial has shown that escitalopram is more effective than citalopram, its parent compound, in depression.

Nearly 300 patients were randomised to receive escitalopram 20mg or citalopram 40mg daily. After eight weeks, the depression scores of escitalopram patients were found to have decreased significantly more than in those taking citalopram.

Furthermore, over three quarters of the escitalopram group responded to treatment compared to just over 60 per cent of those on citalopram. Tolerability was similar in both groups.



Escitalopram is a treatment option for major depressive disorders

The study authors conclude: "The results of the present study confirm the superior effect of escitalopram compared to citalopram in terms of the magnitude of the antidepressant effect and response to treatment."

They add that the routine use of escitalopram "can result in large population differences" and should be considered for major depressive disorders.

For more information:

Int Clin Psychopharmacol 2005; 20: 131-137

New angina drug better than atenolol

Ivabradine, the first of a new class of drug, has been shown to be clinically effective and well tolerated when used to treat stable angina in the elderly.

An analysis of the large-scale INITIATIVE study, a phase III stable angina treatment trial, found that ivabradine is at least as effective as atenolol and does not display the common side effects of beta blockers. After four months' treatment in patients over 65 years, total exercise duration increased more in patients taking ivabradine than those on atenolol.

Ivabradine is the first selective sinus node I_f inhibitor, and is expected to be available from Servier Laboratories as Procoralan by the end of the year.

Blister packs reduce iron overdose in children

Providing iron supplements in blister packs dramatically reduces the number of deaths due to iron poisoning in children.

In a paper claiming to be the first to investigate the link between product packaging and iron poisoning in children, a US paediatrician calls for unit dose packaging to be considered for all medications with a high risk of mortality and morbidity in overdose. Dr Milton Tenenbein analysed data before and after the US introduced laws for all iron supplements to be blister-packed.

The number of iron ingestion calls to poison control centres regarding children under six years dropped from 2.99 to 1.91 per 1,000 after the regulations were brought in. In addition, the number of deaths reduced from 29 during the 10 years before the legislation was passed to just one in the five years after, reports Dr Tenenbein.

The author concludes: "If unit-dose packaging decreases the incidence and severity of intentional overdose in adults, it is reasonable to expect an even greater effect in young children because they are less determined to obtain the drug."

For more information:

Arch Pediatr Adolesc Med 2005; 159:552-550

Heroin for addicts is cost-effective, study finds

Prescribing heroin and methadone to addicts is cost-effective because it reduces criminal behaviour, say researchers in the Netherlands.

The paper, published in the *British Medical Journal*, analysed two Dutch trials that randomised addicts participating in maintenance programmes to receive methadone plus heroin or methadone alone. Over half of those in the experimental group

responded to treatment compared to 28.7 per cent of the control group. In addition, the participants on heroin plus methadone engaged in criminal activities less often than those on methadone alone, reporting fewer arrests, convictions and days in prison.

Although the cost of maintaining addicts on heroin plus methadone was higher than providing methadone alone, the

researchers say this was offset by saving money on law enforcement and victim damage.

However, despite concluding that "the cost utility results are strikingly in favour of the experimental treatment", the researchers warn that their study is too narrow to generalise the results to all addicts.

For more information:

BMJ 2005; 330: 1297-300

Good and bad news on TB

Although the incidence of tuberculosis increased globally in 2003, international goals to reduce the disease by 2015 are achievable, says a paper published in this week's *JAMA*.

To halve TB prevalence by 2015, control programmes must detect 70 per cent and successfully treat 85 per cent of cases, as well as reduce the incidence rate by at least 2 per cent annually, say the authors. However, to halve TB death rates, cases must decrease by between 5 and 6 per cent every year, they warn.

The authors explain that the global rise in TB is attributable to two of the nine epidemiological regions that are used for analysis, both of which are in Africa. More

than 17 million people were treated for TB by international programmes between 1994 and 2003, and the two African regions reported success rates of less than 75 per cent – well below the average of 82 per cent reported overall.

The authors list a number of measures that would improve TB control, including: better diagnostic tools; a new drug that needs to be taken for just two to three months to improve compliance and increase cure rates, particularly in those who carry resistant strains; a vaccine that has consistently high efficacy against pulmonary TB.

For more information:

JAMA 2005; 293: 2767-2775

Ovarian cancer update

The National Institute for Health and Clinical Excellence (NICE) has updated its guidance on treatments for advanced ovarian cancer.

Based on a review of the latest evidence, the guidance makes recommendations for the treatment of four types of ovarian cancer, based on how quickly it responds to first-line platinum-based (eg cisplatin) therapy.

However, NICE says that the choice of treatment should be made after the woman and her doctor have discussed the potential risks and benefits of all options.

For more information:

www.nice.org.uk

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Cetirizine Hydrochloride

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www.allergyadvice.co.uk

 Consumer Healthcare

*Cetirizine/Acrivastine at the recommended dose does not normally cause drowsiness. However, rare cases of drowsiness have been reported. **European Claims Research 2003.

Benadryl Allergy Relief Product Information: Presentation: Acrivastine 8 mg. Uses: Allergic rhinitis. Also chronic idiopathic urticaria, symptomatic demographism, cholinergic urticaria and idiopathic acquired cold urticaria. Dosage: Adults and children aged 12 - 65 years: one capsule up to 3 times a day. Contraindications: Hypersensitivity to acrivastine or triprolidine. Significant renal impairment. Precautions: Concomitant use of acrivastine with alcohol or other CNS depressants may produce additional impairment. Pregnancy & lactation: Not recommended. Side effects: Rarely drowsiness. RRP (ex-VAT): 12s, £3.70; 24s £6.43. Legal category: P. PL holder: Pfizer Consumer Healthcare, Walton-on-the-Hill KT20 7NS. PL number: 15513/0035 Date of preparation: Dec 2004. **Benadryl Plus Capsules Product Information:** Presentation: Acrivastine 8mg and pseudoephedrine 60mg. Uses: Allergic rhinitis. Dosage: Adults and children 12 - 65 years: One capsule as necessary, up to three times a day. Contraindications: Hypersensitivity to any of the ingredients or triprolidine. Severe hypertension, significant renal impairment or severe heart disease; those who have taken MAOIs in the preceding 14 days. Precautions: Diabetes, hyperthyroidism, heart disease, hypertension, glaucoma or prostatic enlargement. It is usual to advise patients not to undertake tasks requiring mental alertness whilst under the influence of alcohol or other CNS depressants. Patients taking sympathomimetics, antihypertensives, and tricyclic antidepressants. Effects of alcohol or other CNS depressants may be enhanced. Pregnancy & lactation: Not recommended. Side effects: Rarely drowsiness, CNS excitement, urinary retention, skin rash. RRP (ex-VAT): 12s £4.25, 24s £7.65. Legal category: P. PL holder: Pfizer Consumer Healthcare, Walton-on-the-Hill KT20 7NS. PL number: 15513/0017 Date of preparation: Dec 2004. **Benadryl Skin Allergy Relief Cream and Lotion Product Information:** Presentation: Cream or lotion containing Diphenhydramine hydrochloride 1%, Zinc oxide 8% and Camphor 0.1%. Uses: Relief of skin allergies and irritations. Dosage: Children and adults, apply topically to affected area three or four times a day. Contraindications: Chickenpox, measles, broken skin or large areas of skin, except under medical supervision. Concomitant use with other diphenhydramine-containing drugs. Precautions: Do not apply to raw or broken skin or mucous membranes. If burning sensation or rash develops, or condition persists, discontinue treatment. Avoid contact with eyes. Pregnancy & Lactation: Not recommended. Side effects: Rarely skin irritation or sensitivity. Price (ex-VAT): Cream and Lotion £3.02. Legal category: P. PL holder: Pfizer Consumer Healthcare, Walton-on-the-Hill KT20 7NS. PL number: 08972/0033. Date of preparation: March 2005. **Benadryl One A Day Relief Product Information:** Presentation: Cetirizine 10mg. Uses: Symptomatic treatment of perennial and seasonal allergic rhinitis and idiopathic urticaria. Dosage: Adults and children aged 12 years and over: One 10mg tablet daily. Contraindications: Hypersensitivity to any of the ingredients. Precautions: Caution if driving or operating machinery. As with other antihistamines avoid excessive alcohol consumption. Pregnancy & lactation: Not recommended. Side effects: Occasionally, headache, dizziness, drowsiness, agitation, dry mouth or gastrointestinal discomfort. RRP (ex-VAT): 7 £3.79. Legal category: GSL. PL holder: Pfizer Consumer Healthcare, Walton-on-the-Hill KT20 7NS. PL: 15513 0113 Date of preparation: March 2005.

POM to P switch for Optrex drops

Crookes Healthcare is launching OTC antibiotic eye drops following the reclassification of chloramphenicol 0.5 per cent w/v eye drops from POM to P medicine status.

Optrex Infected Eyes Eye Drops contain chloramphenicol which is indicated for use as an ocular antibiotic in the treatment of acute bacterial conjunctivitis. The drops can help speed recovery as well as reducing cross-infection and relapse.

Ocular chloramphenicol is very well tolerated and local effects such as hypersensitivity,



transient burning or stinging are uncommon. The product will require refrigerated storage.

The launch will be supported by point of sale material and a TV advertising campaign starting in July.

The product is expected to be available from June 27 and accredited training guides (both for pharmacists and

medicine counter assistants) will be sent to pharmacies from June 13.

Price: £4.79

Pack size: 10ml

Crookes Healthcare Ltd

Tel: 0115 953 9922

Scriptlines

Aloxi injection

Cambridge Laboratories has launched Aloxi injection (palonosetron) for the treatment of chemotherapy induced nausea and vomiting (CINV).

A second generation 5HT₃ receptor antagonist, the company says Aloxi is the only product in its class to be recommended as a single 250mcg intravenous dose for CINV. The drug has a half-life of around 40 hours and binds strongly to 5HT₃ receptors, comparing favourably with older drugs in the class, adds the company.

The SPC states that dosage adjustments are not necessary in the elderly, or in those with hepatic or renal impairment, but warns that Aloxi is not recommended for children under 18 years. In addition, the SPC states that palonosetron may be administered safely with analgesics, antiemetics, antispasmodics and anticholinergic drugs.

Price: 5ml vial £55.89 ex VAT

Cambridge Laboratories

Tel: 0191 296 9300

Price: 12 £30.53 ex VAT, 48 £119.35 ex VAT

Pip code: 12s 316-3920,

48s 316-3938

Sysmex UK Ltd

Tel: 0870 902 9213

Lipitor extended

Lipitor (atorvastatin) is now licensed to lower cholesterol in children aged between 10 and 17 years with heterozygous familial hypercholesterolaemia (FH).

The Medicines and Healthcare products Regulatory Agency has granted Pfizer the revision to its marketing authorisation for the statin at a dose of 10-20mg per day. However, the manufacturer has stressed that diet should remain the foundation of treatment for children with FH, adding that they should be informed of the risks of smoking and the benefits of exercise.

For more information:

Pfizer Ltd

Tel: 01304 616161

DT change

The Department of Health has announced that griseofulvin tablets 125mg and 500mg are to be deleted from Part VIII of July's *Drug Tariff*, following GlaxoSmithKline's decision to discontinue Grisovin tablets.

Debrisan

The Prescription Pricing Authority has announced that Debrisan Paste and Debrisan Beads (dextranomer) have been reclassified as medical devices.

However, the PPA has warned that as the products are not listed in Part IX of the *Drug Tariff* and have been removed from the Nurse Prescribers Formulary, they are not NHS-prescribable. Due to the sudden change in the products' status, pharmacies will be reimbursed for prescriptions submitted for payment before the end of August.

Corrections

The telephone number for M&A Pharmachem Ltd, distributor of Kalten capsules for The Bolton Pharmaceutical Company 100 Ltd, is 01942 816184, and not as stated last week (*C&D*, June 4, p28). BPC 100 has apologised for any inconvenience caused.

In addition, the strength of Rectogesic, a topical ointment for the relief of chronic anal fissure pain, was incorrectly stated as 4% (*C&D*, June 4, p28). This should have read 0.4% nitroglycerin.

ALLERGY ADVICE Rapid response allergy relief  **Active in 15 minutes**

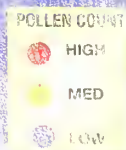
HAYFEVER MONITOR

For free pollen alerts text **POLLEN** to 85080* or log on to www.allergyadvice.co.uk

WEEK STARTING 11 June

KEY FACTS

- The majority of the UK is now on **Alert** status
- Manchester and Glasgow are still on **Pre-Alert** status
- Oak, grass and weed pollen are most common
- Pharmacists should be prepared to advise on the right hayfever treatment for their customers' needs



Information updated weekly by SDI

*Initial message is charged at your normal network rate.

To unsubscribe from subsequent free alerts text 'stop' to 85080

Benadryl is a registered trademark of Pfizer Consumer Healthcare, Walton Oaks, KT20 7NS

Aranesp SureClick

Amgen has launched a new presentation of Aranesp for injection (darbepoetin alfa).

The company says SureClick, its new prefilled pen device for single use, is simple and ready to use and doesn't require assembly or dose presetting. Furthermore, the device contains a needle that is always protected, making it easier to dispose of safely and preventing the risk of needlestick injuries for healthcare professionals and patients, says Amgen.

Pip codes and prices (ex VAT):

20mcg SureClick pen £31.17 315-8128, 40mcg £62.34 315-8136, 60mcg £93.51 315-8144, 80mcg £124.68 315-8151, 100mcg £155.85 315-8169, 150mcg £233.78 315-8177, 300mcg £467.55 315-8185, 500mcg £779.25 315-8193

Amgen Ltd

Tel: 01223 420305

INR Test strips

HemoSense INRatio test strips are now available from Sysmex.

Suitable for use with the HemoSense INRatio instrument for the determination of blood anticoagulation, the strips are available in boxes of 12 or 48. Listed in Part IX of the *Drug Tariff*, the product range is NHS-prescribable.

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Reveal your true colours with new Sunsilk range

Unilever is launching a range of colour enhancement haircare products under its Sunsilk range.

Sunsilk Colour Collection comprises shampoo, conditioner and leave-in cream in three variants for blonde, brunette and red hair.

The range is not only designed to appeal to women with dyed hair, but to anyone with natural blonde, brunette or red hair.

Deeply Brunette contains chestnut extract and is formulated to reveal the shimmering multi tones of brunette hair.

Lively Blonde is designed to brighten and add silkiness to blonde hair. The products include camomile extract to reveal blonde tones and make the most of sun-kissed highlights.

Passionately Red, which

contains cinnamon extract, is formulated to revive red tones.

The launch will be supported by a £5 million package including TV, press and poster advertising. Sampling activity will be specifically targeted at women with blonde, red or brunette hair.

Price: £2.19

Pack size: shampoo/conditioner 200ml; finishing cream 150ml

Unilever UK Home & Personal Care
Tel: 020 8439 6100

Bourjois is at your fingertips

Bourjois aims to make it easier for women to get a professional-looking French manicure at home with a new product to be launched in August.

French Manicure Tip Whitener features an ingenious brush which is angled to adapt to the shape of the nail. It is also slightly curved, flat and wider than a regular brush.

The brush is designed to make it easier to precisely apply the whitener to the nail tip and curved edge of the nail.

The tapered sides of the brush allow the varnish to be applied to the left and right end of the nail. The brush is then turned over to follow the edge of the nail to achieve a flawless white tip.

● Bourjois is launching a summer cosmetic collection for lips and nails. The Cosmic Collection includes three shimmering shades of Effet 3D Cosmic lipglosses and two sparkling shades of Very Vernis Cosmic Nail Polish.

Price: Tip Whitener £4.95;

Cosmic Lipgloss £6.95; Cosmic Nail Polish £4.95

Bourjois Ltd
Tel: 020 7436 6110



JUNGLE FORMULA



Jungle Formula is the UK's leading brand of insect repellent, providing effective protection against flying, biting insects.

The range is approved by the Hospital for Tropical Diseases and provides specific formulations for different destinations. The variations are clearly highlighted on the packaging to enable consumers to make informed choices on which products to use depending on their travel plans.

So, whether at home in the garden, lounging on a Greek island or trekking through the jungle in Borneo, there is a Jungle Formula insect repellent to suit everyone.

www.jungleformula.co.uk
www.thehtd.org



Don't forget the Imodium Instants

McNeil is supporting Imodium Instants with its biggest ever seasonal marketing programme this summer.

Running until September, the campaign will include national TV and radio advertising plus on and off line direct mailings and consumer press activity.

It is designed to promote the product as an ideal anti-diarrhoeal

format to take on holiday.

Imodium Instants are suitable for acute bouts of diarrhoea experienced on holiday or while out and about because they melt on the tongue in seconds without the need for water.

For more information:

McNeil Ltd
Tel: 01494 450778



Feed your face

The popularity of organic products is spreading from the kitchen to the bathroom, according to a new Mintel report

A growing number of personal care products now claim to be all-natural or organic.

The number of product launches in the all-natural non-food market worldwide increased from 615 product launches in 2002 to a staggering 1,475 in 2004.

The USA has led the way in this market, followed by the UK. France, Canada and Japan make up the remaining top five countries for new product launches in this market.

"Non-food product suppliers are plundering the kitchen for new ideas for both organic and all-natural ranges, with the result that the bathroom cabinet is looking increasingly like the kitchen larder," says David Jago at Mintel.

In Malaysia, for example, there is a Sunsilk shampoo with yoghurt protein nutrients, which comes in a tub that

actually looks like a yoghurt pot.

"Keen to ride the organic wave, non-food manufacturers are starting to see these claims as key in the market and are giving them pride of place on product packaging," comments Mr Jago.

"Food ingredients are appearing more prominently in non-food and being promoted clearly on the front of the pack, with vegetable ingredients and oils proving particularly popular," he says.

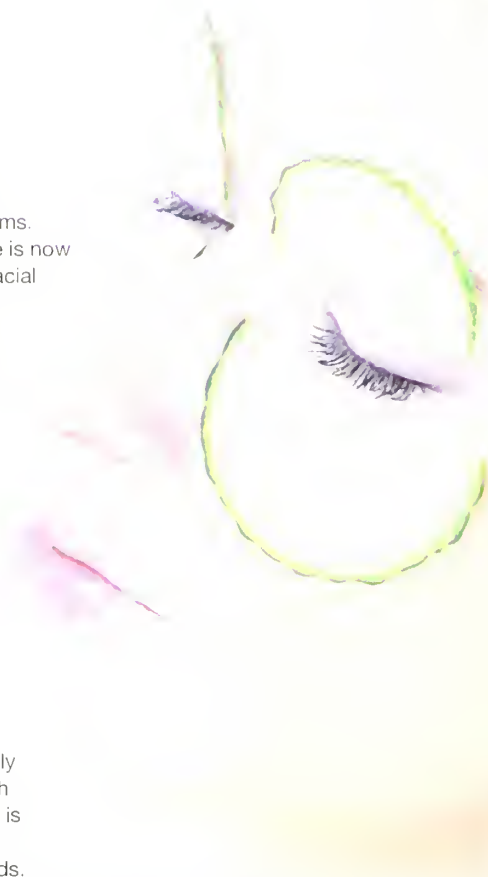
Organic fruit and herbs are used increasingly in personal care products from

toothpaste to skincare creams.

According to Mintel, wine is now another top ingredient for facial skincare products, with manufacturers now using different grape varieties for different benefits.

White and green teas have both seen massive increases in popularity, not just in the food sector but also in the non-food market and a key all-natural ingredient in a variety of products.

Antioxidants in white tea are even higher than they are in green teas so this is seen as a richer ingredient that adds greater value. Previously only seen in super-premium, high priced cosmetics, white tea is now appearing in more mainstream, everyday brands.



The USA has led the way in this market, followed by the UK

This unique supplement offers you more. Glucosamine is just the start.

Glucosamine, as you may already know is a naturally-occurring substance found in normal, healthy joint tissue. Here it plays an important role in the smooth working of joints by helping to maintain connective tissues.

You can also find glucosamine in Health Perception's **BackOsamine** – a unique supplement specially formulated for the back.

But that's not all, **BackOsamine** offers more than glucosamine alone, it also contains chondroitin. This can

also be found in normal, healthy joint tissue and is known to help attract fluid into cartilage.

BackOsamine is uniquely enhanced by the inclusion of two further ingredients: bromelain and tumeric.

BackOsamine really is a supplement that offers you more, but since it's brought to you by the company that first introduced glucosamine to the UK – would you really expect anything else?

Quality products from a company you can trust

For more information about Britain's most popular range of glucosamine supplements, call **01252 861 454** or visit **www.health-perception.co.uk**



As featured in Health Perception's **GlucOsamine TV** advertising campaign and PharmaSites



BackCare
The Charity for Healthier Backs

Special Focus

Lacto Calamine cream is back



Schering-Plough is reintroducing Lacto Calamine cream following a period of unavailability due to a change in manufacturer. The formulation and packaging for the cream are unchanged. Although it contains calamine, it does not leave a coloured residue on the skin.

The product is formulated to provide cooling, soothing relief from sunburn and windburn. It can also be used as a medicated make-up base.

Price: £2.59

Pack size: 50g

Pip code: 030-3859

Schering-Plough Ltd

Tel: 01707 363636

Win a holiday with Benadryl Plus

Pfizer Consumer Healthcare is running a summer holiday competition exclusive to pharmacy customers.

The initiative is designed to highlight the benefits of 'non-drowsy' Benadryl Plus during the hay fever season.

Entrants can win one of three summer holidays for two people to the Canary Islands. Holiday vouchers worth £100 are also being given away to 15 runners-up.

To enter, customers need to answer a few simple questions, complete their details and enclose proof of purchase of a pack of



Benadryl Plus. The closing date for the competition is July 30.

A2 posters and leaflet stands are available to support the competition in-store.

For more information:

Pfizer Consumer Healthcare

Tel: 01737 332255

TV

Anadin Extra: All areas

Benadryl: All areas except U, B

Germoloids: C4, five, GMTV, Sat

Radox Shower: STV, C.A, HTV, M, LWT, CAR, C4, five, GMTV, Sat

Rennie: All areas except CTV, CAR

TEMA Lady: All areas except U, CTV, LWT, GMTV

PharmaSite for next week: Piriton – Window, Piriton – in-store, Piriton – Dispensary

A-Ards, B-Border, C-Central, C4-Channel 4, five-Channel 5,
 G-Garron, CTV-Channel Islands, G-Granada, GMTV-Breakfast
 G-Glasgow, GTV-Glasgow, HTV-Wales & West, LWT-London
 M-Meridian, Sat-Satellite, STV-Scotland (central),
 T-Tees, U-Ulster, W-Westcountry, Y-Yorkshire

TWICE AS FAST



Strongly feel that **Acetaminophen** is not to work as fast as standard **paracetamol** tablets you swallow.

Panadol clicks on the street

GlaxoSmithKline Consumer Healthcare is spending £550,000 on a national poster campaign for Panadol ActiFast from June 20 to July 4.

Featured on over 2,000 sites nationwide, the posters will centre around the simple message 'Twice as fast', explaining that the product can work up to twice as fast as standard paracetamol tablets.

The posters highlight the crush-resistant Compack packs which click open to reveal both the patient information leaflet and the product.

For more information:

GlaxoSmithKline Consumer Healthcare

Tel: 0845 762 6637

Quitters are confused

Misconceptions about the role of nicotine are preventing smokers from using nicotine replacement therapy when they quit, according to research presented at the UK National Smoking Cessation Conference.

The data suggests that many smokers do not understand that nicotine is the reason they crave a cigarette and that it is the other chemicals that cause the damage. Seventy one per cent of UK smokers wrongly believe that the nicotine in cigarettes causes lung cancer. Sixty two per cent wrongly believe that the nicotine in cigarettes causes heart attacks and heart disease.

Over two thirds of smokers incorrectly answered that nicotine in stop smoking aids is as harmful as smoking cigarettes.

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TO RANGE OF 500_{ML}
AND TABLETS**

**WHY RECOMMEND
GAVISCON ADVANCE?**



GAVISCON
ADVANCE

Effervescent tablets and liquid suspension

Men usually have to be dragged kicking and screaming into a doctor's surgery. Isn't it time for health professionals to take their advice out into male communities?

Jane Ellis reports



The **comfort** zone

The main health problems facing men, says Alan White, professor of men's health at Leeds Metropolitan University, are still coronary heart disease (causing 24 per cent of deaths), cerebrovascular accidents (7.9 per cent) and cancer, especially lung cancer, which kills about 7.3 per cent of men in the UK.

These diseases are prevalent across all of society, but are more common among less well off men, who are more likely to smoke, drink heavily and eat fewer fruit and vegetables. They are also likely to be in low paid, stressful jobs and live in poor quality housing.

The Government's *Choosing Health* document, for example, cites a 15-year difference in life expectancy in men living in different wards in Westminster. In the St John's Wood area of Leeds, male life expectancy is 76, nine years below the national average. In the wealthier Wetherby, only 13 years below. Men on average live to 79. On

average, women outlive men by five years.

Tragically, the biggest cause of death in young men is suicide and it would seem that they are less able to share emotional distress than women and do not have the social support networks that would allow them to discuss the issues that might be causing their depression.

There are more deaths among men than women across all age brackets and Professor White believes lifestyle has a lot to answer for, such as increased smoking and work-related problems.

Genetic, racial and cultural factors can also affect male health, suggests Professor White. For example, South Asian men have a three to six times greater risk of developing diabetes depending on their country of origin and Afro-Caribbean men are three times more likely to develop prostate cancer.

More men than women are overweight and

the fat distribution problem leaves them more vulnerable to obesity related illnesses.

It is predicted that by 2013, 78 per cent of all men will be overweight or obese. For the first time there are more overweight men than women in England.

This year's Men's Health Week will focus on men and obesity and kicks off on June 13. Figures released by the Men's Health Forum show that around 5.5 per cent of all male deaths are directly attributable to obesity. Little has been done so far to address the problem for men. Most advice on diet, exercise, body image and where to seek help is aimed at women.

Men's Health Week aims to raise awareness of obesity among men and highlight that they can and must do something about their weight. Having a waist above 38-40in, for example, can

Continued on page 44 ►

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increase the risk of metabolic syndrome due to the fat distribution in the abdomen. There is also increased risk of hypertension, hyperlipidaemia, diabetes and obesity related cancers of the stomach, bowel and prostate, so reducing waist size alone can lead to significant health improvements.

Along with CHD, key problems for men include prostate cancer and other prostate problems such as BPH and prostatitis. Bowel cancer and other digestive tract disorders are also more common among men. In fact, men have a higher incidence and death rate from all the major cancers that should affect men and women equally, so it is important to identify the early symptoms and get them checked out.

Sexually transmitted diseases and HIV are also on the increase in both sexes, but figures suggest that men are at greater risk because they have more partners. Chlamydia is currently the most common sexually transmitted infection diagnosed at genito-urinary medicine clinics in the UK and diagnoses have been rising steadily for the past decade. National statistics show that the average number of lifetime heterosexual partners is six for men and four for women. A higher proportion of men (35 per cent) than women (19 per cent) report 10 or more lifetime partners.

Key health problems can be identified through simple screening of waist size, diabetes, hypertension and cholesterol. The underlying issues, however, are about men's reluctance to use health services and the fact that health services do not always engage with men.

Dr Howard Stoate, MP for Dartford and chairman of the All-Party Men's Health Group, says GPs rarely see males once their mother stops making appointments for them and taking them into the surgery.

Many men find it difficult to get to see their GP because they work over 48 hours a week and are less likely than women to have the option of flexitime, although NHS Walk-in Centres could improve this, he suggests.

Professor White is currently undertaking a four-year study with the Bradford & Keighley Health of Men team on men's decision-making with regard to their health, which supports Dr Stoate's view that visiting the doctor requires a lot of planning.



Dr Howard Stoate, MP and GP

"Men view the doctor's surgery as a place to go when you are 'poorly' and having no other need to make an appointment tend not to want to 'bother' the doctor in case they are seen as time wasters. Unless they are ill, men have no reason to develop any form of understanding of the service or a relationship with health professionals," says Professor White.

However, if health professionals become more male focused and go into the workplace or conduct a pub quiz or set up health checks in a local barber, football ground or fishing conference then men can be seen and often willingly because they are in their 'comfort zone' and not in the alien place of a health centre. When health professionals go out to men and boys rather than waiting for them to come to a health centre they find that men are concerned about their health and will talk about it.

"Biological and especially social factors are very important," says Dr Stoate. "If men's health was solely biological we would not see the differences in life expectancy and things like the cancer survival rates that we find in different areas of the country."

Men as fathers need to be involved with their children's health

Cultural and political issues also play a role, with many men believing that if they are ill they should tough it out because admitting to illness is a sign of weakness.

Women, on the other hand, are much more adept at using health services as they need to for contraception, screening, ante-natal and childcare issues. They see the service as being just like any other.

Men must take a more proactive approach to seeking help and be taught that feeling ill is not a threat to their manhood.

Dr Stoate believes health issues should be tackled at school to encourage boys to take an active interest in health with a practical focus on using health services. "Men as fathers need to be involved with their children's health," he says. "There could be scope for encouraging fathers to take their kids, especially boys, to medical appointments."

It is also important that we challenge and change some of the attitudes that lead to the risk taking that affects men's health and behaviour such as heavy drinking, which often results in aggressive behaviour and domestic violence.

Health information needs to be properly targeted, which does not mean placing the same advert in *Cosmopolitan* and in *FHM*. It also needs to be more male friendly to be successful, as demonstrated by the *Haynes* manuals. A new *Haynes* book on men and weight entitled *HGI Man* by Dr Ian Banks, president of the Men's Health Forum, is being launched during Men's Health Week.

Information and leaflets on male-specific problems such as testicular and prostate cancer also need to be produced in different languages.

Advice on lifestyle, such as stop smoking services, should be made available to men and women where they can see it, next to the products they buy in pharmacies and supermarkets and also in the workplace and sports clubs.

If the opportunities offered by the new pharmacy contract to provide quick and convenient health advice and products to the 50 per cent of the population that has traditionally avoided them are taken up, hopefully not just men but all of us will be healthier and happier.

Health Watch for men

AAH helps pharmacists to address men's health through specific services in its Vantage Health Watch programme. Men are at greatest risk of developing coronary heart disease so a CHD assessment could be used to target them. Pharmacists can use a combination of the Vantage Health Watch

services: diabetes, blood pressure, smoking cessation, weight management services, to help men.

Mr Verdi owns two pharmacies in Catford and has introduced Vantage Health

Watch three years ago. He offers six services – smoking cessation, weight management, blood pressure and cholesterol screening, diabetes testing and travel health – at Cambelle Chemist in Catford.

Mr Verdi has found his customers appreciate being able to discuss their health and lifestyle privately for up to 15 minutes without having to make an appointment. "This type of service is ideal for men, who statistics show may visit a pharmacy for an OTC medicine but rarely visit their GP," says Mr Malhi.

The **big** issue

Men's health could be one of the biggest growth areas for pharmacists, reports

Steve Bremer

The health of men has been described as, "the biggest health issue of the 21st century" by the world's first professor of men's health, Professor Alan White. And this claim is backed up by the figures: two in five men drink too much, suicide is the biggest cause of death in men under the age of 44, and life expectancy between men in different parts of London varies by 15 years. Despite these shocking facts, men are increasingly unlikely to consult a doctor and only 3 per cent use their pharmacy for general health advice.

A man's life expectancy is roughly five years' lower than that of a woman for many reasons: foetal mortality, suicide rates and male cancers such as testicular and prostate. Older men have higher rates of coronary heart disease and higher blood pressure than women.

A major factor in considering health issues is that men are much less likely to visit their GP than women. "This may be because they are busy, dislike discussing sensitive issues or, in some cases, put problems aside rather than face them," says Mimi Lau, professional services controller at Numark.

Ms Lau believes that men's health provides an opportunity for community pharmacy. "No appointment is required, the advice is free and many have a consultation area for privacy. Asking a pharmacist may be the quickest and easiest way to feel better without having to visit a doctor and it may just be a more favourable environment for men, as well as being convenient and accessible."

Heart disease is one of the biggest killers of men and, when it comes to reducing risk, pharmacists are ideally placed to advise on healthy eating, giving up smoking and exercising, says Ms Lau.

"There is no doubt that pharmacists will need to look at new ways of generating profit and with the new remuneration structure and diminishing OTC sales, what better way to do this than to provide diagnostic services such as blood pressure, cholesterol and weight checks?"

Ajit Malhi, professional services manager at AAI Pharmaceuticals, agrees that men's health is a prime area for pharmacy services. "From my personal experiences as a pharmacist I am aware that men do not like visiting a GP and would rather see a pharmacist, as this is perceived as less formal and more accessible," says Mr Malhi. "So community pharmacists are ideally placed to address men's health issues. Also, pharmacists are in an ideal position to support men in staying healthy as both ill and well people frequent pharmacies. I think this is a core strength of pharmacy."

Mr Malhi points out that the Government is expecting pharmacy to take an increasing role in this area, with the inclusion of public health in the essential tier of the new pharmacy contract and the specific strategy of providing self-care for men included in the Government's public health programme for pharmacy, *Choosing Health Through Pharmacy*. This document mentions "making pharmacies more accessible and inviting to men, offering information, advice and support for self-care".

"Community pharmacists need to proactively address these issues to prosper in today's pharmacy marketplace," says Mr Malhi.

President of the Men's Health Forum, Dr Ian Banks, comments: "Men are more than



**Probably
gets to work
before you do**

hairy, smelly, dangly bits yet razors, aftershave and deodorants are the main products targeted at men in the pharmacy. Men could make much greater use of the superbly trained pharmacist as a readily available source of expert advice."

Men respond well to health information specifically designed for them, according to a recent MHF study supported by the Proprietary Association of Great Britain. The study also reveals that pharmacists have the potential to offer health and lifestyle advice to men when they are seeking treatments for common conditions such as indigestion.

The study aimed to explore how best to encourage the uptake of indigestion services and treatments by men. Over 80 per cent of men in the study had experienced indigestion at some time in their lives. Although the majority said they used OTC medicines when they had symptoms, the same 80 per cent did not think combining behavioural changes with the medicines would be effective. Nearly two thirds of the men said they only sometimes ate a healthy diet, and over 30 per cent were worried about being overweight.

But after posters and health advice stalls were provided in the workplace and after being sent a leaflet about lifestyle specifically designed for men, 21 per cent changed their health behaviour and, for two thirds of these men, this change continued over six months.

Gopa Mitra, PAGB's director of health policy and public affairs, says: "It is significant that the study has revealed that producing information specifically targeted at men and at places where men are receptive to information, eg in the workplace, does work. We hope the findings of the study will encourage more public health practitioners and employers to try similar interventions."

A scheme in Scotland is also addressing men's health. Pharmacy technicians in seven Fife pharmacies are carrying out men's health checks in a pilot designed to meet Scotland-wide targets on men's health. The technicians are testing for diabetes and cholesterol levels, monitoring height and weight, as well as completing mental and sexual health questionnaires. Patients will be directly referred, if necessary, to other health resources. Taking the theme 'How healthy do you think you are?', the campaign is backed by local press and radio advertising as well as direct mail, surgery and

pharmacy posters and leaflets.

Fife NHS Board is hoping to attract up to 800 men over this year. Each pharmacy is paid £20 for the 30 to 40 minute tests.

Building services with Numark

Numark launched an integrated customer health and wellbeing check programme for its members in association with Health Diagnostics last year. Its CHD screening programme includes the Cholestech LDX lipid and glucose analyser, a starter pack of consumables, Numark branded marketing materials and a copy of the Health Options software that provides a motivational one to one screening session. The equipment produces results in less than five minutes and the whole programme takes 20 minutes.

"Point-of-care testing is a crucial development area for the future of pharmacy and something that pharmacists should have a role in," says Ms Lau. "We believe that Numark pharmacists are perfectly placed to build an exciting screening business, which is highly complementary to the other services they offer. As well as maximising profits, the introduction of these new systems will help to increase professional standards and build long-term relationships with customers."

Other Numark members' services that are particularly appropriate for men include smoking cessation guidance, cholesterol screening, diabetes screening and chlamydia screening.

Tackling another taboo

Men account for at least half of the four million people who experience bladder weakness in the UK. Only 6 per cent of men with bladder weakness are under the age of 64 but this number increases to 15 per cent for those over 64.

Additional research from TENA shows that:

- 59 per cent of men who experience bladder weakness wrongly drink less liquid to prevent their problem
- 10 per cent of men who experience bladder weakness do nothing to help control the condition
- 74 per cent of affected men strongly believe that bladder weakness is a taboo subject.

As a consequence, 45 per cent of these men feel alone.

Men respond well to health information specifically designed for them

TENA's National Continence Check-up aims to tackle the taboo associated with bladder weakness and encourage people to seek help and manage their condition. Nick Foulger, brand manager for TENA, says: "We are keen to help both men and women manage their bladder weakness by providing better quality products. There is an increased awareness among women of the products available, but men are still reluctant to seek help."

"We launched the National Continence Check-up last year to act as a catalyst for interaction between the pharmacist and customer, thereby offering adequate advice, reassurance and peace of mind."

The company is launching its £4 million television campaign to support the introduction of the Dry Fast Core in the its Discreet range this month. TENA Pants Discreet and TENA for men are designed for men with mild to moderate bladder weakness. The new-look Discreet range has been redesigned to give better security and adequate protection. They can be worn under any clothes without bulkiness or visibility. The men's range is available in two absorption levels, offering all day comfort, dryness and security.

It takes two to tango

Durex has produced an NHS resource pack specifically for healthcare professionals to communicate the safer sex message. The pack contains posters, leaflets and teaching cards that explain the benefits of Durex products and the importance of practising safer sex. It also contains a free sample of Durex Play Feel – a water based lubricant that can be used with condoms.

Durex has launched a sex education CD-Rom which includes printable factsheets to help in answering queries. Its websites, www.durex.co.uk, and www.durexchange.co.uk, provide information for the public and health professionals. The Durex emergency hormonal contraception guide for pharmacists explains the importance of condoms to prevent further unplanned pregnancies and sexually transmitted infections.

Durex, tel: 0800 338 739

A weighty week

Developing Patient Partnerships and MHF are launching a pharmacy window competition as part of Men's Health Week (June 13-19). Pharmacy staff are invited to design the most creative window display for encouraging men into their store for help, information and advice about their health and weight. The winner will receive a cash prize of £800.

The key objective of this year's Men's Health Week will be to increase men's awareness of weight and obesity issues. Men will be encouraged and enabled to take action to prevent obesity and, if appropriate, to lose weight.

Pharmacy staff could send a photograph of their window with a short description of the display, and staff and store details to Marianne Jones, 10 Tavistock House, Tavistock Square, London WC0H 9TH. A digital image to be sent to marianne.jones@mhf.co.uk.





Shopping for good health

Tesco Healthcare has published a men's health booklet that is available free from all Tesco pharmacies. It is part of a new series of booklets designed to help consumers with a range of health issues.

"Men are well known for being reluctant to seek help and, with so many conditions being easily treatable, we really wanted to provide some help for men in a way that they would find accessible and helpful," says Karen Simister of Tesco Healthcare.

"Fear or embarrassment holds some men back from getting help so we've created a new 'Men's Health' booklet to provide men with some answers and to make it easier for them to talk to their GPs if they're at all worried about

their health." The booklet covers issues from weight and heart problems to mental health and dealing with stress.

Snorers' droop

Over 50 per cent of male snorers suffer from erectile dysfunction, according to the British Snoring & Sleep Apnoea Association. They can also experience nocturnal gastro-oesophageal reflux, nocturia, nocturnal respiratory symptoms such as asthma, and chronic morning headaches. But snoring rarely requires medical intervention as it can be addressed successfully with simple remedies. For more information about the causes and treatments for snoring, go to www.britishsnoring.co.uk

Diet and dealings 'down below'

Up to 15 per cent of American couples have difficulty conceiving a child, with deficient sperm production responsible for about a third of these cases.

The total sperm count, as well as sperm quality, has been deteriorating during the last few decades. Falling sperm count and semen volumes mean that men are now producing only about 40 per cent of the number of sperm per ejaculate that they were 60 years ago.

Falling sperm counts may be due to environmental, dietary or lifestyle changes. Increased pollution, heavy metals in water supplies, organic solvents and pesticides can all affect sperm levels. Dietary changes such as a reduced intake of fruit, vegetables and whole grains, increased exposure to synthetic oestrogens and other chemicals and hormones found in meat, food, air and water may also be partly to blame.

Increased scrotal temperature, chronic infection of male sex glands, certain drugs and endocrine disturbances can all lead to low sperm counts. However, in almost 90 per cent of

cases the cause is unknown.

Several nutritional factors are particularly important for healthy sperm formation: zinc, vitamin C and other antioxidants; fats and oils; folic acid; vitamin B₁₂; arginine and carnitine. Extracts of panax ginseng may also be helpful in maintaining healthy sperm counts.

Perhaps the most critical nutrient for male sexual function is zinc, which is involved in virtually every aspect of male reproduction, including hormone metabolism, sperm formation and sperm mobility. Zinc deficiency is a leading cause of male reproductive problems. Severe deficiency is quite rare but men are particularly at risk as each ejaculate contains one third of their daily requirement of zinc and many do not

consume the recommended 15mg daily of zinc.

Selenium supplementation has been reported to have a 'significant protective effect' on the overall incidence of prostate cancer, with men who initially have low plasma selenium levels having the most to gain from boosting their levels. The findings come from a randomised trial of

selenium (200mcg daily) for 10 years.

Consumption of lycopene, an antioxidant carotenoid found in tomatoes, more than twice a week has also been linked to reduced incidence of prostate cancer. It also reduces the risk of oesophageal, colon and mouth cancers. ☺



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¹ Habib S. et al, Study of comparative efficacy of four common analgesics in control of post surgical pain. Oral Surgery, Oral Medicine, Oral Pathology, 1990;70:559-563

A global vision of self-care...

...was the theme of a joint conference in Geneva last week hosted by the European and World bodies for the self-medication industry, AESGP and WSMI. **Gary Paragpuri** reports on the key issues facing the OTC industry



Last year's UK launch of simvastatin over the counter was a significant milestone for the self-care industry. The switch recognised for the first time the role of self-care in reducing the risk of future health problems, rather than just treating acute conditions.

But self-medication "can and will play a more important role" in healthcare systems, Ulf Wünnberg, chairman of the World Self Medication Industry (WSMI) and Wyeth Consumer Healthcare president, told delegates.

The current political climate supported the development of the self-care industry, he said, and when coupled with an industry initiative on the economic and public health value of self-medication, this had helped to "spur a widespread recognition" that self-care medication brought public health benefits and reduced the financial burden on governments.

But the launch of OTC simvastatin has raised the question of how far the industry could push back the boundaries of self-care, a market which was driven by government

initiatives to promote self-medication; innovation; incentives for research, advertising and communication; and organic growth.

Government policy

Alessandro Banchi, Boehringer Ingelheim management board chairman, warned that political support for self-care was "under-developed" and it was time for a more "proactive" self-medication policy. Health authorities were "generally still too hesitant to embark on a self-care policy", he told delegates. Such attitudes must be overcome, as people in Europe are more and more prepared to take responsibility for their health, said Mr Banchi.

Although initiatives at a European level had addressed issues such as OTC pricing, advertising, switching from POM to P, and the use of umbrella names for POM and P products, the industry still had to "fight hard" in some countries to get improvements, Mr Banchi said. But the UK market in particular, he said, had "embarked on a proactive self-care policy" which was due to "clear policy guidance" coming from the prime minister.

However, Manfred Scheske, GlaxoSmithKline Consumer Healthcare Europe president, said that although the UK was more liberal than the rest of Europe, the USA was more of a role model for switches. He suggested that recent UK POM to P switches had not generated much of a "business potential".

Paul Stoneham, Boots Healthcare

International managing director, said the UK had a broad agenda for the OTC market and highlighted last year's simvastatin switch and a forthcoming switch for triptans. But he warned that there should be a clear definition of which medicines could be classified as OTC because the category was in "new territory". He said it was "hard to do harm with toothpaste" whereas statins involved taking blood in a retail environment and also meant consumers had to take the drug for the rest of their life.

Innovation

There are four different tiers of innovation available for the self-medication industry, Hans van Zoonan, vice president Europe, Procter & Gamble, told delegates. These are through new categories, upgrading existing products, improving the trial and use of existing products, and improving information, communication and access to products.

New categories, which can be created

Continued on page 50 ►



Pictured at the main debate on the self-care industry are, from the left: Hans van Zoonan, Alessandro Banchi, Manfred Scheske, Ulf Wlinberg and Paul Stoneham



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through switches or new technology, have the largest potential for growing the sector, Mr van Zoonan said. But again the political environment for switches played a key role and this is borne out by the fact that only 18 per cent of growth in the sector is due to switches. Although introducing new technology for products provides a strong "first mover advantage" he said, these products produced a much slower growth curve because consumers had to be educated to adopt new habits.

Innovation by upgrading existing products occurred more frequently and can include new strengths, different combinations of drugs and updated formulations. Many of these upgrades provide a "true and meaningful benefit to the patient", Mr van Zoonan said, but they offered less potential for absolute market growth. In most cases they redistributed market share within a category, he said.

Consumer innovation – through better information and access to self-medication – was the most "obvious" opportunity for innovation, Mr van Zoonan said. As consumers took more responsibility for their own health, this will increase the need for more improved information regarding self-care options, he explained. But this must "go hand in hand with better visibility and access" to self-medication in the retail environment.

Communication

Even though communicating with consumers was a key area for the OTC industry, Manfred Scheske said that the industry was continuing to "hit roadblocks" regarding the use of brand names.

Consumers use brands "like a coat hanger to hang things on", he explained. This in turn motivated the industry to try harder to build upon this trust, but conversely if "we miss-serve the consumer",

they will link that with the brand, he said.

Umbrella brand names, sub brands and descriptors all help consumers to navigate through offerings. Further, consumers are familiar with suffixes such as 'max', 'forte' or 'extra' and regard them as relevant information, he said.

Mr Scheske outlined that communication was "paramount" for the OTC industry and that advertising should be a "default entitlement" for OTCs. He added that information and education should not be

"demonised" as promotion and that switches would only achieve their full potential if they were backed by "strong communication".

Organic brand growth

The industry has over the past few years become fixated on inorganic growth via acquisition or through switches, Paul Stoneham told delegates. Coupled with the fact that OTC market growth over the past five years had averaged growth of only about 3 per cent, Mr Stoneham said: "We need to set aside a number of sacred cows" in order to ensure real growth in the self-care market. These included:

- Future growth must be driven by major switches.
- Securing government backing is critical.
- Scope for further growth is limited in developed OTC geographies.
- New molecules are required to develop new treatments and indications.
- Established OTC categories have reached 'maturity'.

He said that as over 85 per cent of market growth in the past two years had come from existing 'mature' categories, improving growth in core categories was "a must to drive the total OTC growth rates".

Using Boots Healthcare International as an example, Mr Stoneham described how the company had gone 'ex-growth' four years ago due to financial operating pressures and internal distractions caused by acquisitions. But by using innovation within existing brands, BHI sales had grown



The joint AESGP and WSMI conference was held in Geneva, a stone's throw from the city's famous lake



Pharmacy makes OTC Xenical a success

Community pharmacy has played a major role in ensuring the successful OTC launch of the anti-obesity drug Xenical (orlistat) in Australia.

The product was launched last May using the country's pharmacist-only category, which requires sales to be accompanied by advice and counselling and approves advertising on a case-by-case basis.

The successful launch demonstrates that pharmacists can accurately diagnose obesity, drug interactions with Xenical minimal, close monitoring is not required, and it is easy to advise adverse events, Juliet Seifert, executive director of the Australian Self Medication Industry said.

The launch of over 200,000 packs of Xenical 120mg have resulted in an estimated 210,000 kg of weight lost. The success is due to branded advertising to consumers was a key factor in the success.



Pharmacists do better with OTC Zocor protocol

Community pharmacists who use the official protocol when selling Zocor Heart Pro (simvastatin) do a much better job of advising consumers on reducing their risk of heart disease, the company behind the product says.

Mystery shoppers acting on behalf of McNeil found that pharmacists using the protocol were more effective than those who "wing it", Dr Stephen Mann, vice-president R&D Europe, McNeil, told delegates.

Despite this, many pharmacists were still not "proactively embracing this new role", he said.

Commenting on some of the publicity around the launch, Dr Mann said it should be noted that individual risk factors were not as important, as a combination of all risk factors to give an absolute 10-year risk profile was more important.

In turn, absolute risk could be used to calculate the "number [of patients] needed to treat" in order to prevent one event. For simvastatin 10mg, you would need to treat 44 people for five years to stop one death, he explained.

However, research shows that even when the number to treat is as high as 400, a high proportion of patients still consent to treatment, Dr Mann said.

Stephen Mann



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Helping humanity

Of the UK pharmacists who volunteered to help in the tsunami aftermath, **Adam Issat**, an employee of Moss Pharmacy, now Alliance Pharmacy, tells his tale

On December 26, 2004 the world witnessed one of the greatest disasters in human history. Reports from the Far East emerged describing an underwater seismic disturbance in the Pacific Ocean generating huge waves travelling at speeds of up to 500 miles per hour. BBC News 24 described the phenomena as a 'tsunami'; a term I was unfamiliar with.

Sitting at home, I performed a quick internet search on Yahoo. The answer: a Japanese term for 'harbour wave' followed by a few reports of tsunamis in Alaska and Chile in the 1960s with devastating consequences.

As the day progressed, harrowing stories and pictures emerged as survivors described what they had witnessed and experienced. Images of sheer devastation. Thousands dead, thousands more feared missing, coasts wiped out with more than a million people displaced from their homes. My initial response was one of extreme anguish and numbness from the images witnessed. My conscience compelled me to do something.

I called several aid agencies volunteering assistance on the ground but was turned away due to a lack of experience in disaster zones. I still felt the urgent need to help but was now unsure in what capacity.

Finally I managed to speak to Dr Kani Tawon, director of Doctors World Wide (DWW) – a voluntary charitable organisation providing medical aid and assistance in disaster zones worldwide – with previous relief efforts in South Korea, Guatemala, Bosnia, Kosovo, Iraq and most recently in Iraq.

Once he had received my CV and a copy of my degree certificate I was placed on the list of volunteers for Sri Lanka and Indonesia. I was granted leave for a period of six weeks, a short notice, with my

area development manager, Mo Ikhlaiq, kindly offering to arrange locum cover in my absence and Roger Cotton offering to provide supplies of emergency medicines and equipment.

Within a matter of days I raised a staggering £10,000 from friends and relatives and subsequently prepared for the arduous journey ahead. After a 12-hour flight I arrived in Colombo, Sri Lanka, with a team of three doctors, two GPs, a professor in accident and emergency and two experienced nurses. We further travelled an additional nine hours by road to the eastern province of Ampara, which was one of the worst affected areas due to its close proximity to the epicentre.

The television images became a disturbing reality as I saw the destruction for myself. Shattered coastlines, twisted trees, collapsed buildings and desolate villages. The death and casualty toll ranged from one coastal village to the next. Some villages, like Akbar Village in Marathunamai, accounted for 2,800 missing or dead from a population of approximately 3,000.

We worked in Kattankudi, Marathunamai, Kalmunai and Adellachanai providing mobile field clinics to camps where thousands of victims were housed. As well as medical provisions, we worked with other international organisations to ensure adequate provisions of food and water, appropriate tentage and space.

As a pharmacist, my primary role was to obtain sufficient medical supplies for field clinics from governmental sources and aid agencies and secure ongoing procurement. The bulk of this consisted of anti-infectives and surgical dressings.

In anticipation of outbreaks of epidemics, vaccines and storage facilities were acquired and guidelines produced and implemented

to isolate and report incidents of communicable diseases.

Our team worked from dawn to dusk in conditions exceeding 35°C. The heat was unbearable at times but we were determined to see as many patients as we could; sometimes treating over 300 a day. Exhaustion and hunger was overcome by witnessing the sheer tragedy and the desperate day to day struggle of the survivors. If physical symptoms were not present, emotional scars certainly were.

On arrival in Indonesia the situation in Aceh was still dire and aid efforts chaotic. Progress had been slow, with the Indonesian government imposing strict visa requirements in the Sumatra Province. DWW's sister organisation, Mercy Malaysia (MM) arrived in Banda-Aceh within the first week and facilitated our transfer by military aircraft from Sri Lanka. Due to the extent of damage in Banda-Aceh, movement was restricted so we were based at the Tentera Kesdem Hospital. Tentera Kesdam is one of two hospitals that survived out of six.

The immense feeling of sadness and loss overwhelmed our team on leaving. We were transferred back to the airport, shattered of course but nobody uttered a word. The thought of an uncertain future and tears clouding the eyes of children still stuck in our minds. I believe it is human instinct to feel this way and if I was asked whether I would do it again, my answer would be yes.

Once home, I inserted 'tsunami' in the Yahoo search engine once again and this time found over 39 million hits.

Doctors World Wide
www.doctorsworldwide.com
Mercy Malaysia www.mercy.org.my

Refocused and re-energised

Pharmacy is at the centre of Boots once again, as **HR** discovers

"If retail is in your blood and passion in your heart, Boots is the place for you" proclaims the company's website. It's a philosophy that Boots's talent management leader Paul Stretton agrees with. "We want pharmacists who are passionate about community pharmacy," he says. "The job is all about being face-to-face with customers, enjoying being busy and having variety. It's not a routine job."

Not routine, but a job that's at the heart of Boots once again following the appointment of Richard Baker as CEO. "Our new chief executive wants to see pharmacy peppered through every function," explains Mr Stretton. "We're re-emphasising our original vision of pharmacy being at the centre of our stores." Forget dentistry and wellbeing clinics, Boots is returning to its roots.

Nevertheless, a pharmacy career at Boots continues to offer choice.

"Our pharmacists could stay dispensing or move up to regional or area manager and spend time managing staff and budgets," says Mr Stretton. "We have the luxury of having huge stores that need a team of pharmacists and smaller ones where the pharmacist can become the manager and feel he or she is running their own business."

The company seeks natural leaders who can nurture and inspire their teams and enjoy the excitement of running a profitable business.

Boots offers a structured management development programme. The first (foundation) year is where pharmacists build on their professional/clinical training and start preparing for a managerial role. They are trained to work with a team and motivate and lead their staff. The training is mostly off-site and consists of six modules.

Having completed the first year,



pharmacists then move on to a course of 13 modules that takes two to three years to complete, in their own time. Self-selection, clinical, professional and management skills, and how to negotiate with PCTs are included. There are three phases to this training: understanding the pharmacist's role and how it fits into the Boots company; managing the role and the business; and driving the business forward.

"Pharmacists have a powerful

Pharmacists have a powerful influence on their store and how it interacts with their PCT

influence on their store and how it interacts with their PCT," says Mr Stretton. "They can choose what extra services to offer under the new pharmacy contract such as MURs, weight loss programmes, smoking cessation, chlamydia and cholesterol tests."

In Manchester, for example, a branch is involved in palliative care, while dispensing in an Edinburgh store has been

redesigned to support a methadone project.

"Most of our pharmacists want to bring in new business. There is a groundswell to make the most of the opportunities offered by the new contract," adds Mr Stretton. "We want to make time to support this and we're negotiating with PCTs at a local level. It's tricky trying to offer all of these services as well as run a store. How we operate the new contract is something that we need to discuss with our pharmacy managers."

Pharmacy managers are incentivised on the performance of their stores, which contributes to the bonuses they receive. The amount of the bonus depends on the location and size of store and is paid half-yearly.

Boots is aware that pharmacy is an under-resourced profession and in order to attract more people tries to offer flexible working that suits local store arrangements. There are also flexible contracts for female staff who might want a career break.

"I do not see any competitor that offers the variety of opportunity that we provide. We have a structure that continues to satisfy people if they stay in a clinical role or choose to work elsewhere in the organisation," says Mr Stretton. "We are fundamentally focused on attracting and retaining pharmacists by being as flexible

as we can and offering competitive rates of pay."

Boots engages pharmacists before they are qualified, offering summer vacation training as well as recruiting around 400 pre-reg students a year. Of last year's intake of 420 pre-reg students, 98 per cent were offered a position. Of these, 80 per cent still work for the company.

Third-year students are offered placements, which are viewed as a gateway to the company. Vacation training is an eight-week structured programme with a tutor.

"They'll be given specific training depending on their experience," says Mr Stretton. "A healthcare assistant, for example, might be asked to devise a scheme of healthcare plans or write a business presentation that is specific to a local store. Topics could even be on how Boots can maximise the opportunities provided by the new contract."

Boots looks further afield than the UK for pharmacists, but first they must undertake a three-month training programme on how the UK differs from other EU countries in terms of law, ethics, culture and working practice. This training would be tutor-led, containing modules and tasks that have to be completed successfully.

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Sign of the times

The cream of Arden product shots

Siobhan smashes windows, 'does Calpol' but has quit smoking. She is 11

Quarter of 15-year-olds have tried cannabis

It seems you may need to be extra vigilant when selling analgesics, if a *Daily Telegraph* headline is anything to go by. Its Monday issue ran with the headline: "Siobhan smashes windows, 'does Calpol' but has quit smoking. She is 11."

The interview with this resident of Hastings, who happens to be the youngest girl to be served with an anti-social behaviour order, included the following choice quote: "I have a sip of dad's Stella when he's not looking and I do Calpol. I wish I could drive cars. I did smoke but not now. It made my throat hurt."

A missed opportunity for NRT sales, perhaps, but surely the Calpol would ease throat pain?

Could this aversion to tobacco be the reason why only a "quarter of 15-year-olds have tried cannabis", according to the headline from the neighbouring story?

Visually communicating the healing beauty benefits of Elizabeth Arden's Eight Hour Cream has netted Fashion Photography student Charlotte Wheeler with £500 and the chance to show her work at London Fashion weekend, which takes place at the Natural History Museum in September.

The competition, which is open to Year Two BA (Hons) Fashion Photography students, is designed to challenge them to produce still life and abstract images that communicate the benefits of the Elizabeth Arden product.

The judges, which included Elizabeth Arden staff, consumer magazine journalists and professional photographers, said the inclusion of a first aid box in Charlotte's image "had a very clear message" of the product as a healing beauty balm.

The second £200 prize went to Paul Davies, for his image entitled: "Life without Elizabeth Arden Eight Hour Cream", that showed a girl in distress after finishing her cream. Quite.



Lloydspharmacy staff and customers have raised an impressive £76,000 for the tsunami relief effort. The donation includes £25,600 raised by staff and customers and £20,000 pledged by the Lloydspharmacy board. Seen here receiving the most recent donation are, from the left: Imogen Ward, director of fundraising and communications at tsunami relief effort charity Merlin, Paul Carter, Jay Katira and Val Hawkins from Lloydspharmacy and Merlin's Liz Slade

Ap o n m nt



Clive Jackson

National Prescribing Centre chief executive **Clive Jackson** has been announced winner of the 2004 Schering Award. Mr Jackson has been recognised for his role in the development and implementation of strategies to promote safe and effective prescribing in primary care, and for his leadership as the first

Faculty of Prescribing and Medicines Management chairman.

Bill Fullagar has been named the first chairman of the NHS Blood and Transplant special health authority, which will replace the National Blood Authority and UK Transplant from October 1. Now retired, Mr Fullagar is highly experienced in the pharmaceutical industry, having held positions such as president and chief executive of Novartis Pharmaceuticals UK Ltd and president of the Association of the British Pharmaceutical Industry.

Yve Buckland has been named chairwoman of the NHS Institute for Innovation and Improvement. The new organisation, formerly known as the NHS Institute for Learning, Skills and Innovation, will be launched as a special health authority on July 1 to support new ideas that will help improve the NHS. Dame Buckland's background is in local government, though she received her DBE in 2003 for services to public health.

Emerging pharmaceutical company NicOx has announced the appointment of **Staffan Strömberg** as drug development vice-president, with responsibility for non-clinical development and all project management. Mr Strömberg's last position was director of neuroscience portfolio optimisation at AstraZeneca.



The winning first aid box picture had "a very clear message", said the judges

UniChem raises HIV funds

UniChem has raised £1,500 for the Good Shepherd Hospital in Swaziland, Africa to help with their treatment of people with HIV and AIDS.

Swaziland has the highest rate of HIV and AIDS-related disease in the world.

UniChem non-executive chairman Mike Smith, who handed over UniChem's donation, said: "The Good Shepherd Hospital is an amazing place. UniChem is delighted to support the very important work it undertakes."

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Rules 1 This competition is open to any pharmacist or permanent member of staff who works at an address which receives either *Chemist & Druggist* or *Community Pharmacy*. **2** Competitors may enter through *C&D* or *Community Pharmacy*, but may only submit one entry. Double entry will disqualify both entries. **3** Entries must be on an original coupon from *C&D* or *Community Pharmacy*, and to be eligible for the prize entrants must correctly answer the question on the coupon. **4** The prize offered will be as stated. No alternative holidays or cash prizes will be offered.

5 Names of winners will be published in *C&D* and *Community Pharmacy*. **6** In any dispute, the decision of CMP Information Pharmacy Group's publishing director will be final and no correspondence will be entered into. **7** Employees of CMP Information Ltd, Travel Clubs International and trading divisions and their immediate families are forbidden to enter. **8** No purchase is necessary to participate. **9** The closing date for this month's competition is as printed on the entry coupon. Information you supply to CMP Information Ltd and TCI Direct may be used for publication (where you provide details for inclusion in our directories or catalogues and on our websites) and also to provide you with information about our products or services in the form of direct marketing activity by phone, fax or post. Information may also be made available to 3rd parties on a list lease or list rental basis for the purpose of direct marketing. It at any time you no longer wish to (i) receive anything from CMP Information Ltd or (ii) to have your information made available to 3rd parties, please write to the Data Protection Co-ordinator, Dept PGT685, CMP Information Ltd, FREEPOST LDN 15637, Tonbridge, TN9 1BR or Freephone 0800 279 0357 quoting the following codes: (i) PGT685C, (ii) PGT685 T



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Q What is the percentage of male deaths in the UK caused by coronary heart disease?

A

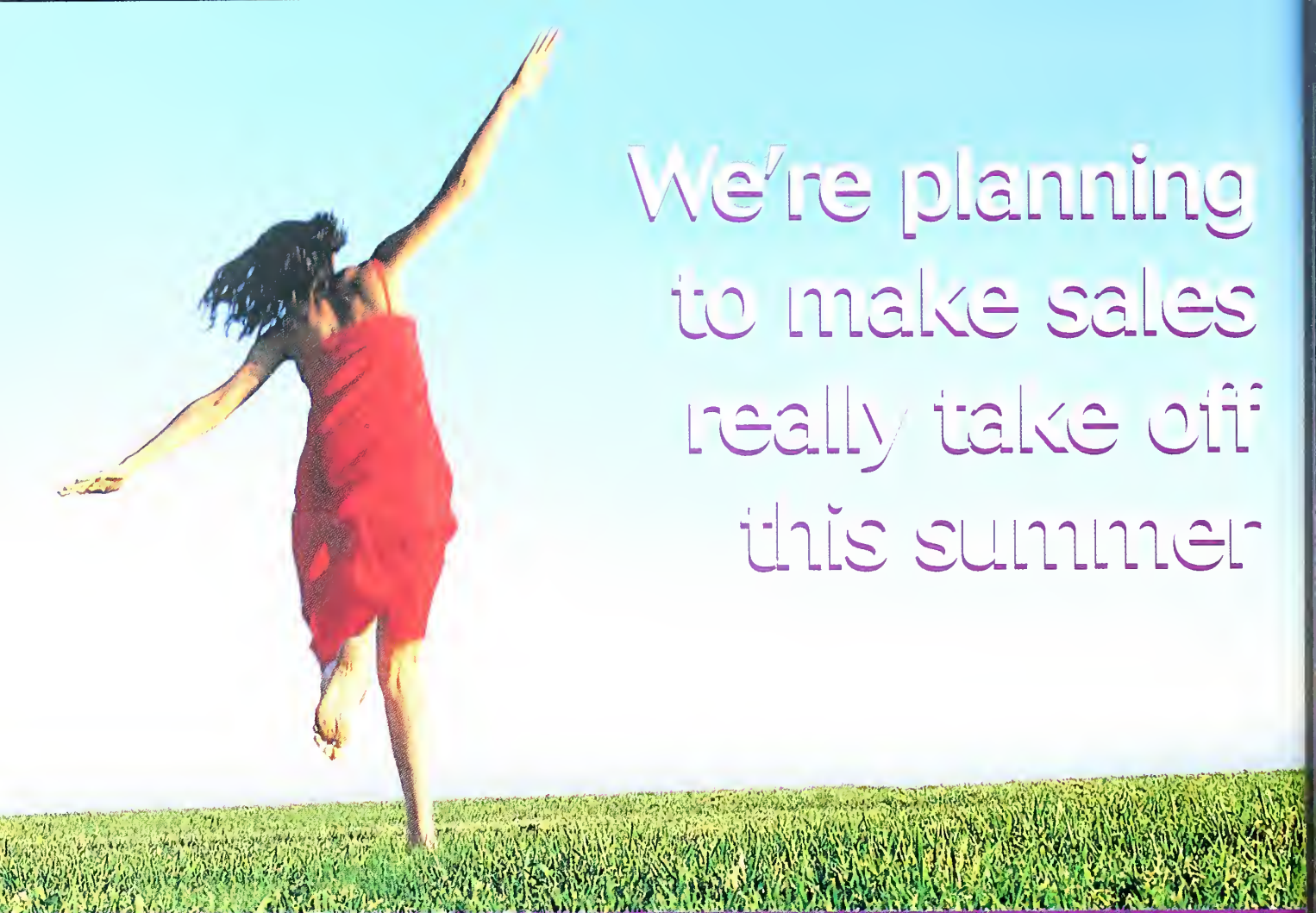
Signature

Full name

Full pharmacy name and address

Post Code

Send your entry to: Pharmacy Travel, CMP Information, Sovereign Way, Tonbridge, Kent TN9 1RW



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to make sales
really take off
this summer

New high impact packaging for 2005, drawing attention to the category

- ✓ Targeted national advertising campaign coinciding with peak hayfever period
- ✓ High visibility in-store support
- ✓ Brand support and promotion at major outdoor events throughout the summer
- ✓ Ongoing national PR programme

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